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ABSTRACT

Intended for staff of diagnostic-prescriptive centers, the manual is designed to provide information about the Oregon Model Center for Learning Disabilities. Chapters cover the following topics: factors involved with learning; procedures and organization of the Center; assessment of psychological, educational, and language needs; procedures for writing the materials prescription; procedures for writing the evaluation report; and validation of the prescription. Appended are information on reading, spelling, math, and handwriting materials; bibliographies for professionals and parents; and information on the Oregon Textbook Representative's Association. (SBH)

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DIFFERENTIAL DIAGNOSIS AND PRESCRIPTION-LEARNING DISABILITIES

Chapter I

OMC Perspective

In July, 1973, the Oregon Education Evaluation Center located at Oregon College of Education and funded by the State Department of Education was designated as the Oregon Model Center for Learning Disabilities. Federal funds under Title VI-G were used to implement two new features of the Oregon Model Center: (1) validating the procedures followed in the Center, and (2) replicating the center throughout the state.

The first phase of the Oregon Model Center Program ending June, 1975. During this phase many changes were made in the procedures used at the Center as a result of recommendations from the Advisory Council. Advisory Council members were:

Laura Davis, a teen-ager

Eldon Younger, M. D., Pediatrician

Linda Bunker, classroom teacher, Corvallis

Karen McGillivray, classroom teacher, Salem

Geneva Winkel, ACLD State President

Nina Westerdahl, Parent of L.D. child

Their contributions are gratefully recognized.

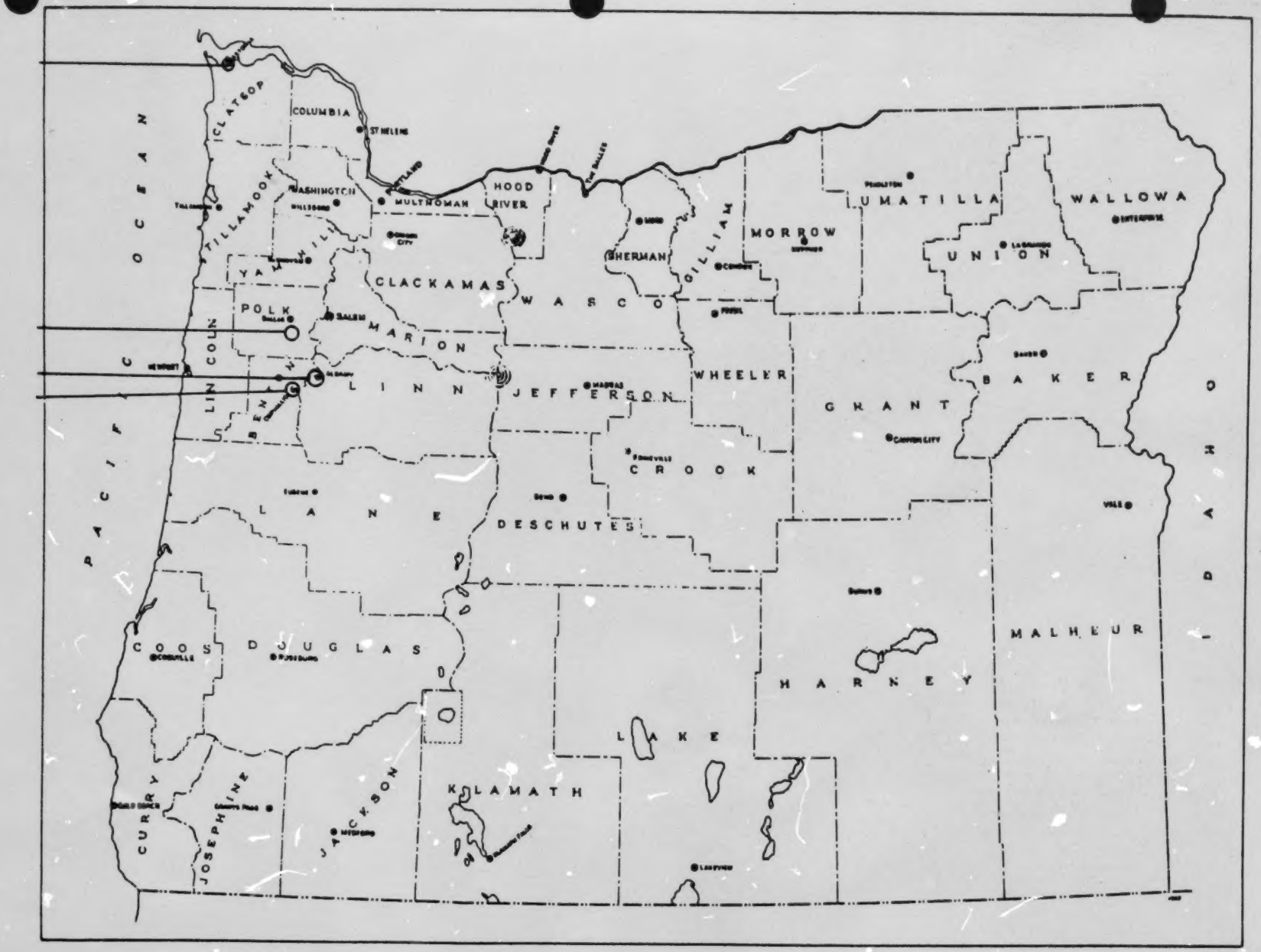
In the second year of operation, three pilot centers were organized. Located at Albany, Astoria, and Corvallis, these centers were operated on a minimal basis the first year. Staff members from these centers participated in two weeks of field training and follow-up discussions aimed at replicating the procedures used at the Oregon Model Center.

The second phase of the Oregon Model Center Program began in June, 1975. Fourteen satellite centers located in school districts and intermediate education districts were providing services to learning disabled children throughout Oregon by September, 1975. (See map on page 1-4). As part of the dissemination and replication strategies within the project, this manual was developed.

The purpose of this manual is to share information about the Oregon Model Center for Learning Disabilities with the satellite center staff and others who may find the information helpful. The manual contains statements which indicate what we believe about how people learn, a

description of the Oregon Model Center, an explanation of the diagnostic and prescriptive processes used at the center, and examples of various ways we collected data about the effectiveness of prescriptions.

This manual is designed to serve as a resource to staff members of other diagnostic-prescriptive centers to be established in Oregon as part of the replication of Project Number OEG-0-73-2852, PL 91-230 Title VI-G.



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○ Oregon Model Center + 3 Pilot Centers for 1974-75

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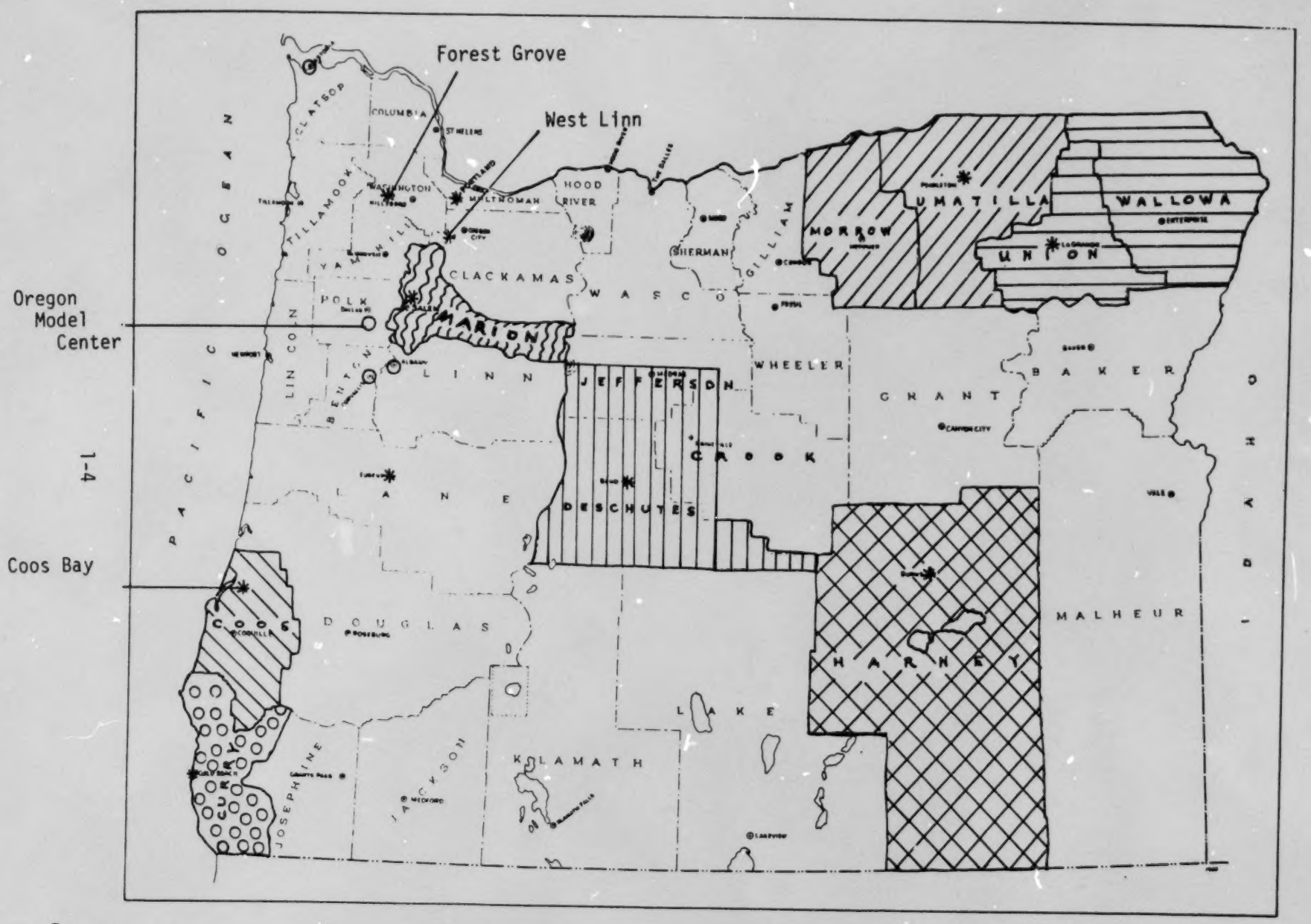

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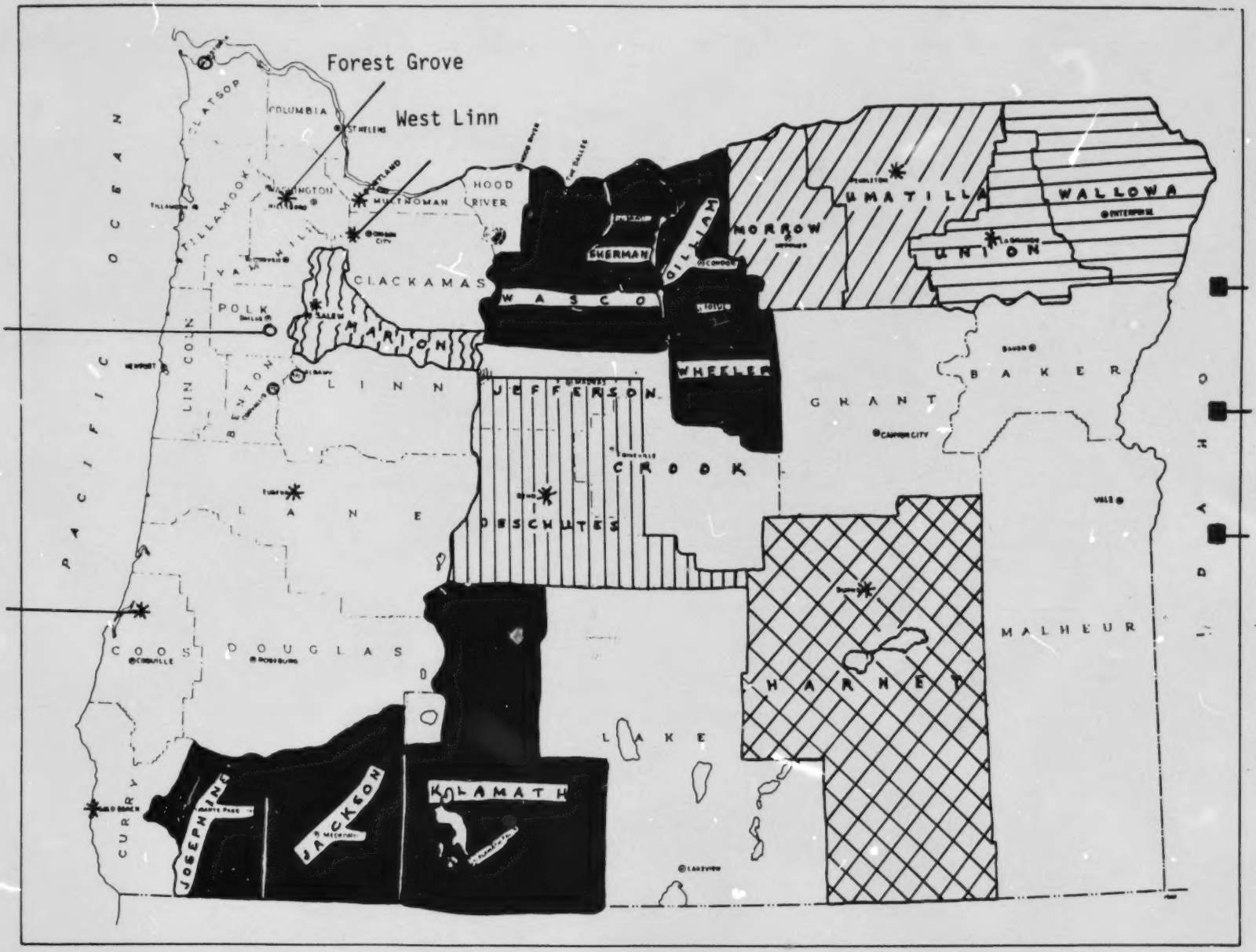
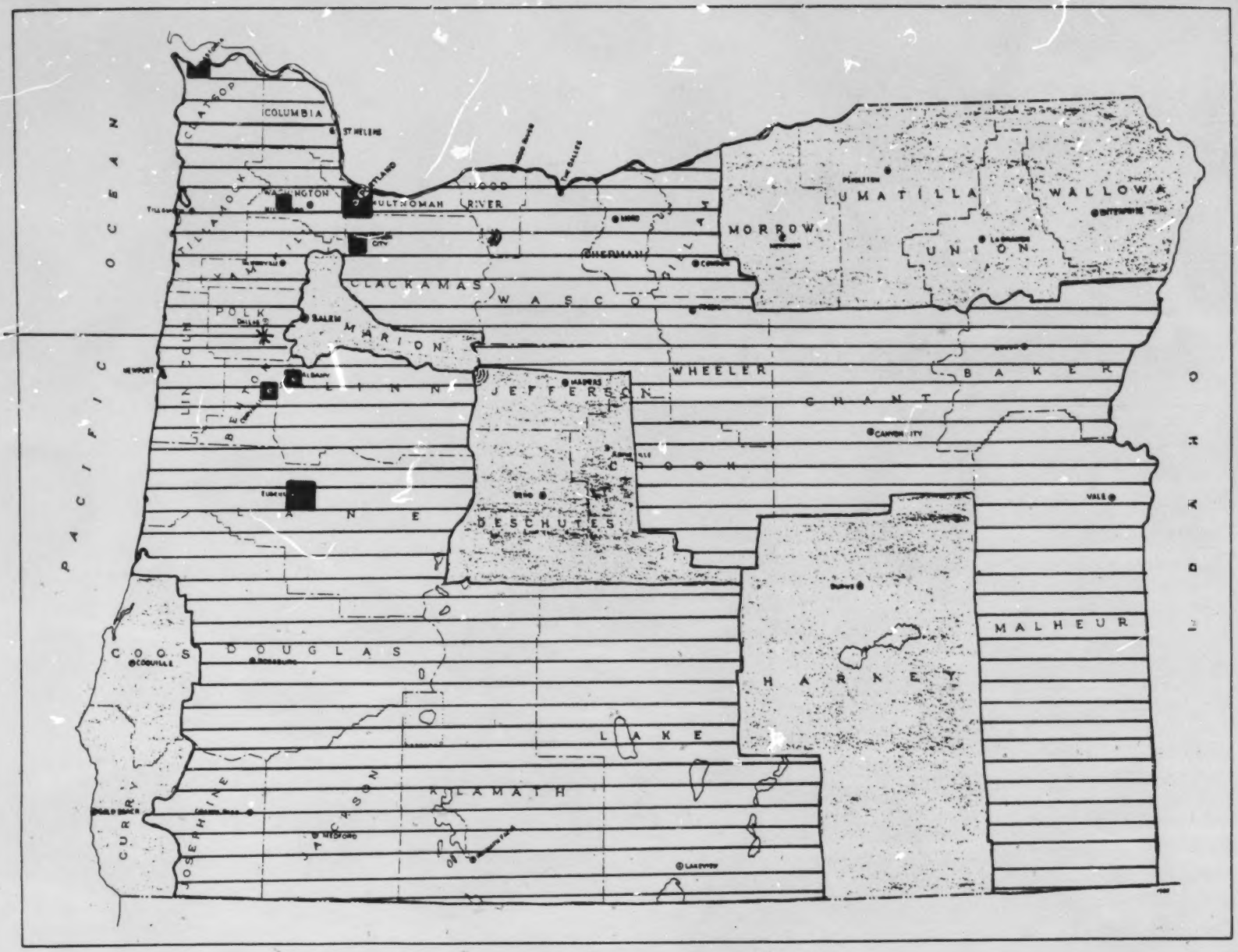
○ OMC • Pilot Centers 1974-75
✱ Satellite Centers for 1975-77



■ Target area centers for 1976-77

Oregon
Model
Center



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■ Area served by Satellite Centers

▤ Direct Services to children by OMC 1976-1977

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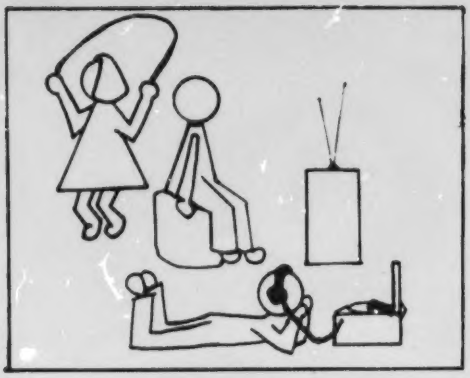


Chapter II

What We Believe About Learning

The purpose of this manual is to orient beginning specialists, in the field of learning disabilities, to be cognizant of the clinical techniques used in the differential diagnosis of children with problems of learning. A definition of Extreme Learning Problems, accepted by many is as follows:

> Children with extreme learning problems have potentially average or above average mental ability but show an inability to profit from the regular classroom methods or materials. They may be, or will become, extreme underachievers in reading, spelling or arithmetic. The broad category of extreme learning problems includes children described by such terms as brain injured, neurologically handicapped, and educationally handicapped and children described as having minimal brain dysfunction, dyslexia or learning disabilities.

The above definition frequently excludes children who are mentally or emotionally-socially handicapped or children who lack the motivation to learn or who have for various reasons gotten a poor start in school and have built up considerable resistance to formal learning.

Any clinic receiving children with learning disabilities will encounter not only the children with specific learning disabilities for organic reasons but will be confronted with children with functional or psychogenic disorders. One cannot dismiss the children with functional disorders simply because they do not fit the usual definition. Occasionally a child will be seen whose I.Q. might cause one to place the child in a mentally retarded category. On closer examination of the level of the child's functioning in various areas it reveals that this child is functioning quite normally and better. Yet this child is devastated in other functioning areas, this is not characteristic of a mentally retarded child but does characterize the child as having irregularity of mental development. This may indeed have implications for identifying the abilities that remain intact and a prescription utilizing these in academic learning.

There has never been established with statistical significance any single cause for learning disabilities. One may identify at random a group of children with learning disabilities and formulate and test various hypotheses concerned with the etiology of the learning disabilities of the group. No significance will be found but a few children may seem to fit the demands of one of the hypotheses. Another group

of children may fit the demands of another hypothesis. This only supports the idea that no single cause for learning disability exists thus there is no single remedial course either. While a VAKT program might be appropriate for a child who needs the kinesthetic association with a word it wouldn't be appropriate for a hyperactive child to be so confined in a remedial course of action.

It is thus believed there are numerous causes of learning disabilities. An important step then is refining the diagnostic procedures to identify the intrinsic and/or extrinsic components that seem to be contributing to the learning disability or malfunctioning of the total system. This rules out the use of any one prescription or remedial course of action as the panecea for all learning problems. It also suggests that no one reading program is going to be effective for all children.

Learning is a dynamic process of an organism interacting with its environment in an attempt to get closure or reach a state of system equilibrium. Children who are overprotected or who are overstructured never feel a state of disequilibrium that is relevant to the need to learn academically. An environment that doesn't expect them to learn is equally guilty of promoting lethargy in children who otherwise might find learning exciting. Expectancies exceeding the integrity of the organism can cause an exaggerated state of disequilibrium but not appropriate to academic learning thus the expenditure of energy for closure lies in the affective doman not cognitive.

This orientation must view the entire system not just the learning disability symptom.

To deal with only the symptom will render little opportunity for feedback into the culture for the future prevention of such problems in that the etiology is unknown. Another problem is that the children may substitute symptoms when there is a residual element of operating within the system.

Identifying the etiology has implications for the role the child's environment as a system, must play in allowing the child to remediate his academic problems or in some instances compensate for them.

It is the authors belief that many children do not need a comprehensive differential diagnosis of their learning problems. There are other children that can be identified who need a differential study at an early age to head off what might become a serious problem for the child. This study must gear itself to determine the method, the material and the psychological climate best suited to each child. The study should include a comprehensive study of the child's history, his present academic performance as well as his behavioral adjustment at home and school.

FACTORS TO ASSESS

1.0 Mental Ability
- 1.1 Verbal Ability
- 1.2 Performance Ability
- 1.3 Level of Learning

2.0 Oral Speech Functioning
- 2.1 Articulation
- 2.2 Fluency
- 2.3 Voice
- 2.4 Vocabulary
  - 2.41 Articulation
  - 2.42 Expressive

3.0 Oral Language Functioning
- 3.1 Phonology (Sounds)
- 3.2 Semantics (Meaning)
- 3.3 Syntax (Structure)
- 3.4 Morphology (Forms)

4.0 Sensory Functioning
- 4.1 Hearing
- 4.2 Vision

5.0 Perceptual Functioning
- 5.1 Visual
- 5.2 Auditory
- 5.3 Tactile-Kinesthetic
- 5.4 Inter-Modal Integration

6.0 Motor Functioning
- 6.1 Gross Motor Skills
- 6.2 Fine Motor Skills

7.0 Environmental Variables
- 7.1 Community
- 7.2 Family
- 7.3 Peers
- 7.4 Schools

8.0 Motivation and Interests

9.0 Personality Variables
- 9.1 Adaptation Behaviors
  - 9.11 Authority Accentance
  - 9.12 Flexibility
  - 9.13 Freedom to Communicate
  - 9.14 Life Style
  - 9.15 Reality Orientation
  - 9.16 Relating
  - 9.17 Self-Concept
- 9.2 Organization Behaviors
  - 9.21 Attending
  - 9.22 Use of Int-Ext Resources
  - 9.23 Control of Activity
  - 9.24 Emotional Involvement
  - 9.25 Independence
  - 9.26 Planning

10.0 Physical Health
- 10.1 Endocrine System
- 10.2 Nutritional Health
- 10.3 Neurological Functioning
- 10.4 Physical Maturation
- 10.5 Physical Distractors
  - 10.51 Headaches
  - 10.52 Pain Threshold
  - 10.53 Stomach Complaints
  - 10.54 Teeth

11.0 Academic Skills (Math, Reading Spelling, Handwriting)
- 11.1 Achievement Level
- 11.2 Clues Attended To
- 11.3 Processes Used/Abused
- 11.4 Skills Mastered/Not Mastered

Before one can isolate the reasons that a youngster is not learning, the diagnostician must have a set of factors in mind that allow learning to take place. Rather than present a complex model of learning as others have, our purpose in this section is simply to pinpoint basic beliefs which influence our diagnostic and prescriptive processes.

Every diagnostic team will need to spend considerable time arriving at a set of common values regarding how kids learn. From this common base of assumptions, diagnosis is conducted and prescriptions are implemented. If the prescription for a particular child is not effective, one must then examine the basic assumptions upon which the diagnosis was made; as well as the content of the prescription and the method of implementing it.

The following are examples of the assumptions about learning which we have agreed upon at the Oregon Model Center. They are not in any order of importance. See Figure 1 on page 2-3 titled Factors To Assess.

Assumptions - Factors That Encourage Learning

1. Mental Ability - The child who has greater mental ability (as measured by an individual intelligence test) is more likely to benefit from new experiences because he has demonstrated this ability in the past. Unless he has some learning disability or other handicap, it is expected that he will be able to learn school subjects.

2. Oral Speech Functioning - The ability to produce and articulate the speech sounds enhances a child's ability in oral expression and in learning to read via the phonics method.

3. Oral Language - Knowledge of word meaning and sentence structure allows the child to understand written and oral instruction.

4. Sensory functioning - The child who sees and hears well will receive more accurate information than the child who has an impairment in these functions.

5. Perceptual Functions - A child who has the ability to attach specific meaning to what he/she sees and hears is able to learn more than the child who can't discriminate or who can't tell the figure from the background.

6. Motor Functioning - Gross and fine motor skills are required for performing tasks in school such as writing and physical education.

7. Environmental Variables - If the child has pleasant and productive interaction with the school, home, community, family and peer environment, he is more likely to reach out for more experiences which will increase his knowledge.

8. Personality Characteristics Showing the Child's Adaptive Ability - A person who is able to adapt to the situations in his environment, will learn more than one who is maladaptive.

9. Personality Characteristics Showing Organizational Ability - The ability to organize oneself in relation to a task is critical in acquiring knowledge.

10. Physical Health - Good physical health insures that all body systems function appropriately and that no conditions exist which would distract the person from learning.

11. Academic Skills - The processes which a child is using to acquire reading, math, spelling and written and oral language will allow him to learn in school, provided (1) that he/she has acquired the relevant readiness (perceptual) abilities, and (2) that he/she has the appropriate skills to learn in each curriculum area.

12. Motivation and Interests - The child will learn more about topics which are currently of interest to him, or which he/she believes will serve some purpose now or in the future.

Assumptions About Diagnosis

1. People are individuals and as such they are different from one another. Each individual has abilities which are well developed and other abilities which are less developed. These do not necessarily constitute learning disabilities. A low score in a particular ability on a test may not always affect academic learning.

2. The most efficient use of testing time is to start by testing the total process, such as reading words or the solving of math problems.

3. Children may learn "on their own". They may discover a way to learn something that is not the same method that their textbook teaches. For example, a child may learn to look at words and say them but the text has instructed the child to "sound out each letter".

4. Automatically administering a battery of tests is not necessary. Testing only the perceptual skills that are prerequisite to the academic skills that the child can't perform saves testing time.

5. A test is primarily an opportunity to observe the child while he performs certain tasks, rather than to obtain test scores.

6. "Why" the child has a learning problem is important. Two reasons are apparent. (1) Parents are concerned about the cause. They want to know why the problem occurred. They may need to allay their own guilt feelings, or they may need to know how to make changes in raising other children in their family. (2) Knowing whether or not there is a neurological reason for a learning disability allows the educator to make decisions about whether a perceptual, memory, or integrative function can be remediated efficiently.

Children are rarely disabled learners if only one of the factors is not operating. Clusters of factors seem to cause the child to have learning problems. The diagnostician must not be content with himself/herself after isolating one cause. There are usually two or more variables at fault.

Assumptions About Prescriptions

Several theoretical approaches exist for learning to read, write, spell and do arithmetic. Each of these approaches require different prerequisites skills and learning abilities. The most efficient and effective teaching results from an appropriate match between (1) the academic approach and (2) the child's academic skills and learning abilities.

If the child is age eight or older, efficient use of teaching time results from using the child's well developed perceptual abilities as avenues of input rather than remediating deficit perceptual skills.

An attempt should be made to remediate learning disabilities if the child is younger than age 8 and if the deficit is not organically caused.

If the child has a perceptual deficit which is probably due to an organic cause, the best use of teaching time is to use the child's perceptual strengths rather than attempt to remediate the deficit modalities.

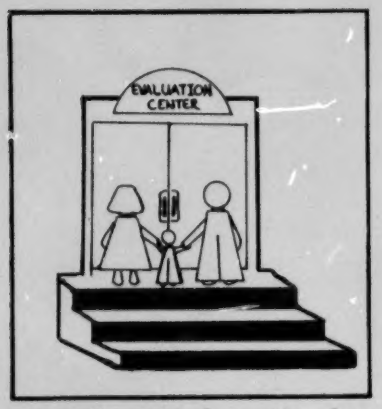
Prescriptions should include the type of interaction necessary between the teacher and/or parent and the student in order for learning to take place. This interaction is call "psychological climate" by our staff.

Tasks should be selected which move a child from dependent behavior toward independent behavior. If behavior modification is used, a plan must be developed which will allow the child to become independent of outside resources.

Giving a child a feeling of success and helping him develop a positive self-concept are the primary factors in helping a child to learn.

Perceptual-motor training is not a direct way to increase academic skills. Gross motor skills, and oral vocabulary development seem to be the outcome of this type of training.

Children appear to develop preferences for learning via particular input channels. For example, some children prefer to receive instruction by listening, others would rather learn by looking at pictures or diagrams, while others need to touch, feel, or manipulate the materials in order to learn. The most efficient teaching utilizes a child's preferences about how he wants to learn.



Chapter III

The Center -- A Description

The Education Evaluation Center was established in the Fall of 1962 at Oregon College of Education. It was designated to be an evaluation center for the seven surrounding counties, for children with learning disabilities (excluding learning problems due to mental retardation). Financial support came from the Oregon State Legislature's appropriation of funds specifically for handicapped children.

A similar program, funded by the State Board of Education, operated at the University of Oregon for six years. When the funding for this center was terminated by the State Board in 1967, the services provided by the Oregon College of Education Center were extended to include the entire state. (A brochure describing the Education Evaluation Center is included at the end of this chapter.)

The concept on which the Education Evaluation Center is based is that there is a need for a "child advocate" for the learning disabled child, especially in the more "difficult" cases (those which the Center is designed to serve). Very often there is a fairly long history of frustration on the part of the child, the parents, and the school, growing out of unsatisfactory attempts to deal with the learning problem. The Education Evaluation Center provides a "neutral ground" on which all parties can unite in seeking to explore and remediate the child's problem. Evaluation by an interdisciplinary team of specialists provides a multifaceted view of the problem and an integrated approach to remediation. Provision of the same report to all interested parties (including the child, if (s)he is old enough to follow the discussion and wishes to participate in the closing interview) facilitates cooperation in dealing with remediation activities and techniques.

Referral Procedures

Referrals are accepted from public and private schools and from physicians. If the juvenile court or another public or private agency identifies a child with a learning disability, referral may be made through the child's school or physician. No child is excluded from referral if a significant learning problem exists.

If a school refers a child, a completed referral form (See chapter Appendix) must be presented prior to the child's first visit to the Center.

If a physician refers a child, any medical information that may be relevant to the child's learning disability is requested. The school is requested to assist by providing information which might be useful in making the evaluation.

Center Procedures

The parent or guardian and a representative from the school are requested to accompany the child to the center. The following sequence of events is typical:

- An initial interview is held to determine the nature and extent of the problem as viewed by the parents. A thorough history is obtained in order to ascertain the etiology of the problem. (See chapter Appendix for a copy of the case history form.) This history may provide information on which the clinician can base the selection of test materials and/or methods.
- A psychological evaluation is conducted.
- An educational evaluation, including assessment of achievement levels in mathematics, reading, spelling, and handwriting, is conducted, and appropriate teaching strategies are determined.
- A hearing test is routinely conducted, and a formal evaluation of expressive and receptive language is made if indicated by the preliminary study. (See chapter Appendix for forms for communicating results of the speech and hearing evaluation.)
- A vision test is routinely given.

Following these studies, a member of the Center staff meets with the parent or parents and with school personnel. If the etiology is known, it is explained to the parents in order to assist them in helping the child with his or her problem. The recommendations that will be made to the school are shared with the parents. The parents are invited to ask questions and to share further information.

Following the interview, a written report is submitted to the parent and to the referring agency; the report includes the etiology if identified, with recommendations of some remedial or compensatory course of action. A psychological climate prescription is designated, and the child's learning style and preferred and/or most efficient learning modality is identified. Specific materials and techniques that can be used to help the child are recommended.

As a result of federal funding, the Education Evaluation Center has been able to add a follow-up component to assist in implementing the prescription at school and at home, and to evaluate the child's progress as a result of the intervention. Methods include telephone contacts and questionnaire surveys directed to both home and school. If needed, the Center staff may provide assistance in implementing or revising the prescription.

Establishing The Roles of Satellite Center Staff

(See also: "Procedure for establishing a Satellite Center," at the end of the chapter.)

The pilot centers which operated during 1975 used various plans for implementing the prescription. Establishment of a new Center usually makes use of school district personnel, with redefinition of roles rather than the addition of new staff members.

Most school districts will use their Extreme Learning Problems specialists (LD staff) to work with the classroom teacher and to carry out the program for the child. The Center staff as well as the LD staff will work with the parents to assist them in their efforts with the child at home. School Psychologists may wish to use individual contacts, parent group meetings, or other methods to assist the parents in the management or education of their children.

With whatever method of allotting responsibility is used, the most important process in diagnosis and prescription is the implementation of the prescriptions, with collection of data to verify their effectiveness. This will be the major task for the satellite centers in 1975-76.

The Diagnostic Process

The evaluation process that is followed in the Oregon Model Center has been used and refined over a ten-year period. The assessment is conducted by three staff members: a psychologist, a learning specialist, and a speech and hearing specialist. (See flowchart at the end of the chapter for a description of the steps in the evaluation.) The responsibilities are divided as follows:

The Psychologist:

- collects the developmental history about the learning problem (s)
- determines the mental abilities
- assesses visual-motor skills
- determines environmental variables relevant to the problem
- determines personality variables relevant to the problem, including the child's interests and motivation
- conducts an informal assessment of motor skills and an observation of apparent level of general physical health

The Speech and Hearing Specialist:

- tests auditory acuity
- tests auditory discrimination
- tests auditory figure-ground
- tests memory for sentences and digits
- conducts a test of central auditory integrity
- determines the oral speech abilities
- assesses language functioning (syntax)
- conducts an informal assessment of personality variables

The Learning Specialist:

- assesses perceptual functioning
- determines achievement levels in math, reading, spelling, and handwriting

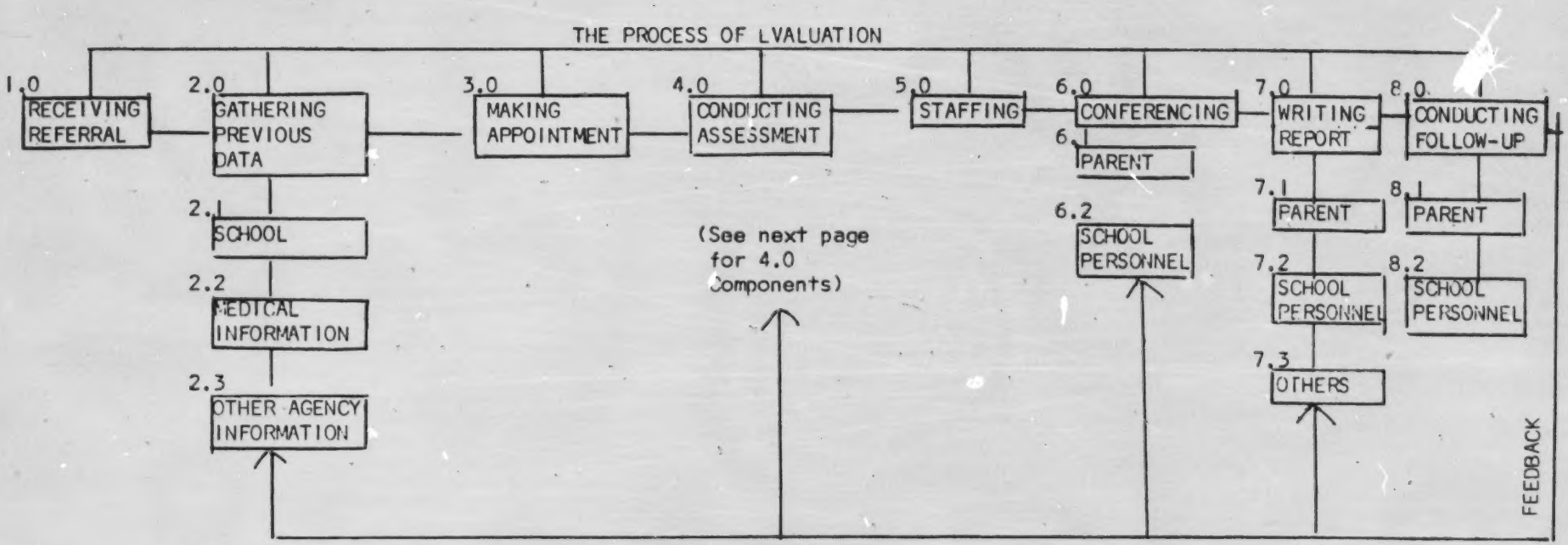
- determines the academic approach used in word attack, math computation and spelling
- observes the processes used or abused
- determines which basic skills are mastered
- tests vision

During 1974-75, a fourth member of the team, an instructional materials specialist, assisted in the prescriptive process. This person's responsibilities were as follows:

- selects instructional materials based upon the diagnostic data
- maintains up-to-date lists of materials
- prescribes basal texts in math, reading, spelling, and handwriting
- recommends library books of interest to the child at his/her reading level
- prescribes materials for teaching basic academic skills according to the child's modality preference
- prescribes materials, when appropriate, to remediate deficits in perceptual abilities.

If an instructional materials specialist is not available as a team member, the Learning Specialist assumes these responsibilities.

The remainder of this chapter contains brochures and forms used in the Education Evaluation Center.


THE PROCESS OF EVALUATION
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2.0
GATHERING PREVIOUS DATA
2.1
SCHOOL
2.2
MEDICAL INFORMATION
2.3
OTHER AGENCY INFORMATION
3.0
MAKING APPOINTMENT
4.0
CONDUCTING ASSESSMENT
(See next page for 4.0 Components)
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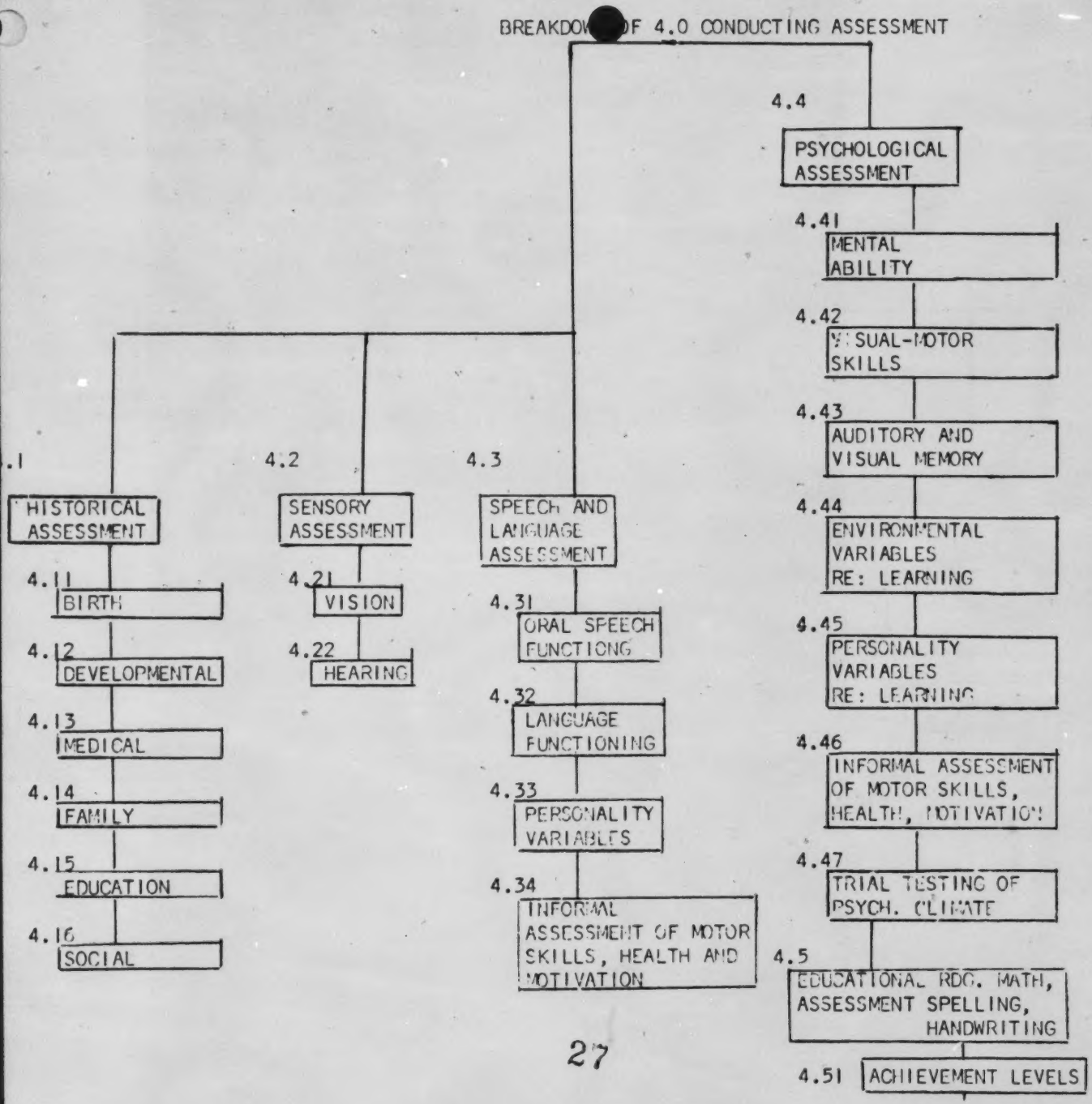
BREAKDOWN OF 4.0 CONDUCTING ASSESSMENT
.1
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4.11 BIRTH
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4.15 EDUCATION
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4.5
EDUCATIONAL RDG. MATH, ASSESSMENT SPELLING, HANDWRITING
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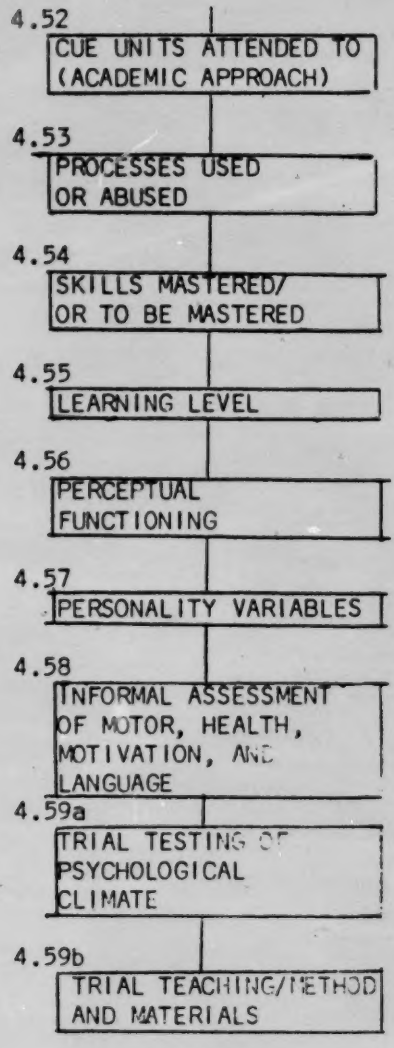
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CUE UNITS ATTENDED TO (ACADEMIC APPROACH)
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PROCESSES USED OR ABUSED
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SKILLS MASTERED/ OR TO BE MASTERED
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PERCEPTUAL FUNCTIONING
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PERSONALITY VARIABLES
4.58
INFORMAL ASSESSMENT OF MOTOR, HEALTH, MOTIVATION, AND LANGUAGE
4.59a
TRIAL TESTING OF PSYCHOLOGICAL CLIMATE
4.59b
TRIAL TEACHING/METHOD AND MATERIALS

EDUCATION EVALUATION CENTER
LEARNING DISABILITIES
OREGON COLLEGE OF EDUCATION
Monmouth, Oregon 97361

Date:

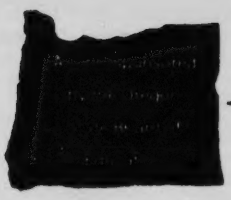
Child's Name:

School:

On this date my child was evaluated at the Education Evaluation Center for Learning Disabilities. A report on the results of this evaluation will be sent to me and to the school.

I hereby request that the school's copy of the report be allowed to remain in my child's cumulative file which is in possession of the teacher and/or Extreme Learning Problems teacher.

Signed_____
(Parent)



EDUCATION EVALUATION CENTER

LEARNING DISABILITIES

OREGON COLLEGE OF EDUCATION
Monmouth, Oregon 97361

Name:
Age:
Birthdate:
Exam:
Date:

A clinic sponsored by the Oregon State Board of Education

EDUCATION EVALUATION CENTER
LEARNING DISABILITIES

OREGON COLLEGE OF EDUCATION
Monmouth, Oregon 97361

Procedure for establishing
a Satellite Center - Learning Disabilities
via the Oregon Model Center
Oregon College of Education
Monmouth, Oregon 97361

Enclosed is a description of the role of the Oregon Model Center in helping a school district or several school districts that are cooperating to establish a Satellite Center - Learning Disabilities.

The procedure is as follows:

1. A statement signed by a school person representing the local board or boards stating that you wish to be considered for services from the Oregon Model Center to help establish a Satellite Center should be submitted.

2. A statement as to the need of such a center. The number of children served by the district should be included.

3. A brief statement as to what staff is already employed in the district such as a school psychologist, an ELP specialist or a speech and hearing therapist.

4. A statement as to where the center would be housed.

This requirement could be completed in the form of a single letter directed to us.

Thomas D. Rowland, Director
Oregon Model Center

SCHOOL FORM

Education Evaluation Center

Learning Disabilities

OREGON COLLEGE OF EDUCATION
Monmouth, Oregon 97361

IMPORTANT

Under the provisions of P.L. 94-142 and Oregon's State Administrative Regulations, certain procedural safeguards available to parents must be closely followed. Before submitting this referral, it is most important that the REFERRAL PROCEDURE CHECKLIST be read and the requirements fulfilled. Prior to obtaining parent consent for referral of the child to the Education Evaluation Center, it will be necessary for the school to inform the parent of (a) the evaluation process, and (b) parental rights. The informational prochure can be detached from the REFERRAL PROCEDURE CHECKLIST and given to the parent during the initial referral conference.

If you have questions about the procedure, please contact the Education Evaluation Center at 838-1220, Extension 322.

1. Child's Name .....
   Birthdate ..... Age .....
   Grade ..... Date .....
2. What is the primary problem which causes you to refer this child? (Be specific) .....
   .....
   .....
   .....
3. School District ..... School .....
   Teacher ..... Address .....
   School representative referral .....
   ..... Phone .....
   Position .....
4. Parent's Name .....
   Address .....
   Street address City Zip
   Home phone ..... County .....
5. Physician ..... Phone .....
   Address .....
6. Parent signature

This is to indicate that I have been informed and counseled regarding the referral of my child for evaluation usir.g appropriate instruments. The information on this referral form has been discussed with me. 1 hereby give my permission to conduct the evaluation as described.

....
Signature Date

Previous action:

What action has been taken by school personnel or other professionals to:

a) *IDENTIFY the cause of the problem?* b) *REMEDY* the problem?

.....

.....

.....

PREVIOUS TESTS (MENTAL ABILITY)

(Do not test child; please report tests previously given)

Test & Form	Date	Age	Score	Examiner

Wechsler Tests (Scaled Scores)

Test Name ..... Date .....

Examiner ..... C. A. .....

Information	.....	Picture Completion	.....
Similarities	.....	Picture Arrangement	.....
Arithmetic	.....	Block Design	.....
Vocabulary	.....	Object Assembly	.....
Comprehension	.....	Coding	.....
Digit Span	.....		

Stanford-Binet

Examiner .....

C.A. .....

Ba... .....

M.A. .....

Recent Achievement Tests

Date	Test	Score
.....	.....	.....
.....	.....	.....

ACADEMIC ABILITY LEVEL:

1. Estimate level of daily work in: (check appropriate box)

	R	PP	P	1	2	3	4	5	6	7
Reading										
Spelling										
Arithmetic										

Handwriting: (enclose sample if pertinent to problem) .....

2. List *materials* used in class work.

Reading: .....

Method: ..... phonic ..... whole word ..... linguistic ..... other

Spelling: .....

Skills being taught: .....

Other: .....

3. *Special Services*

(a) Check available services and those used by child:	Available	Child participates
LD Specialist	.....	.....
Resource Room	.....	.....
Title I	.....	.....
Speech-hearing-language	.....	.....
Other	.....	.....
.....	.....	.....

(b) List methods and materials that have been used by the special services.

.....

.....

.....

.....

.....

.....

VISION

Yes	No	
☐	☐	Child has a visual problem:
☐	☐	Can't seem to see work on chalkboard
☐	☐	Can't seem to see desk work
☐	☐	Wears glasses

Explain: .....

.....

HEARING

Yes	No	
☐	☐	Child has or has had a hearing problem:
☐	☐	Frequent ear infections and/or earaches
☐	☐	Fails to follow directions
☐	☐	Other .....

GENERAL HEALTH

Yes	No	
☐	☐	Has poor general
☐	☐	Lowered vitality
☐	☐	Excessive energy
☐	☐	Frequent illnesses
☐	☐	Frequently overcome by drowsiness or sleep
☐	☐	Frequent headaches
☐	☐	Frequent stomach aches
☐	☐	Dizzy spells
☐	☐	Other .....

MOTOR COORDINATION

Yes	No	
☐	☐	Child has a motor coordination problem:
☐	☐	In walking
☐	☐	In running
☐	☐	In writing or printing
☐	☐	In P.E. activities
☐	☐	In art-motor performance
☐	☐	Sometimesis coordinated—Sometimes not
☐	☐	Other .....

Explain: .....

SPEECH and LANGUAGE

Yes	No	
☐	☐	Child has a speech problem:
☐	☐	Stutters or stammers
☐	☐	Difficulty in reproducing sounds correctly
☐	☐	Difficulty in expressing himself in writing
☐	☐	Difficulty in expressing himself orally
☐	☐	Difficulty in understanding spoken language

Explain: .....

RELEASE OF MEDICAL INFORMATION

Re: .....

Child's Physician .....

Physician's address .....

.....

I request the release of any medical information which may be helpful in determining the cause of my child's learning problem to:

Dr. Thomas D. Rowland, Director
Education Evaluation Center
Oregon College of Education
Monmouth, Oregon 97361

....
Parent Signature Date

BEHAVIORAL DIFFICULTY

Yes	No	
☐	☐	Excessive absences
☐	☐	Excessive tardiness
☐	☐	Out of seat needlessly
☐	☐	Short attention span
☐	☐	Hostile toward teacher
☐	☐	Manipulates adults to child's advantage
☐	☐	Encourages peers to disrupt class
☐	☐	Reluctant to follow directions
☐	☐	Hostile toward other children
☐	☐	Is argumentative
☐	☐	Involved in frequent fights
☐	☐	Has difficulty with peers
☐	☐	Difficulty respecting other's rights
☐	☐	Child destroys property
☐	☐	Steals
☐	☐	Lies
☐	☐	Other .....

.....

Explain: .....

EMOTIONAL DIFFICULTY

Yes	No	
☐	☐	Child cries easily
☐	☐	Seems withdrawn, seldom participates
☐	☐	Excessively shy
☐	☐	Too often daydreams, sits with vacant expression
☐	☐	Excessively loud and boisterous
☐	☐	Easily distracted
☐	☐	Tenseness
☐	☐	Nervous mannerisms (tics, tremors, nail biting, hyperactivity)
☐	☐	Overly suspicious or jealous of others
☐	☐	Excessive complaints of physical symptoms, pains
☐	☐	In constant motion—moves about room excessively
☐	☐	Talks incessantly, without permission or interrupts
☐	☐	Shows extreme interest in monsters, war, fighting, or gruesome events
☐	☐	Has violent outbursts of temper
☐	☐	Lacks curiosity
☐	☐	Is a passive register
☐	☐	Other .....

Explain: .....

INTERESTS AND ABILITIES

What does this child do well? .....

.....

What are this child's interests? .....

.....

In what way do you feel the Education Evaluation Center can be of service with respect to this child's problem? .....

.....

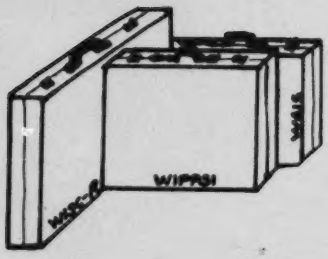
.....

.....

————Do Not Write Below This Line————

Chapter IV

REFERRAL FORM HYPOTHESES



Information from the referral form may be used to discover clues from which the clinician may generate hypotheses about the cause of the learning problem before ever seeing a child. One can begin to accept or reject hypotheses in gathering the history of a child. The use of the referral form and the history allows one to come up with a few hypotheses that dictate what assessments and observations need to be carried out to test these hypotheses. To illustrate this process, the major sections of the referral form are listed below, and some examples of possible interpretations are included. Each example has a "●" before it. It is important to remember that the case history must be interpreted in view of the total picture of the child.

1. Demographic Data

Child's name

- If the child's last name is Hernandez, this could be a bilingual child who would be familiar with a different culture.
- If the child's name is different the father has died.
- If the child's name is different there has been a divorce.

Birthdate

If a child has a September, October or early November birthday:

- This child began school as one of the youngest children in the class, thus he had a poor start and has built up resistance to school.
- If a child just missed entering first grade by days, he missed the prime time for initiating a learning program.

Street Address

- If the child lives in the country, he has no children to play with, thus he expended much time getting acclimatized socially and failed to learn the basics in reading.
- Child lives in a particular part of town whose residents don't value or promote academic skills.

City

- Certain communities value activities other than the academic and it would be unfashionable for the child from such a community to be successful academically.

Home Phone

- Lack of a phone may cause one to hypothesize that the family has a marginal income.
- It may suggest the need for seclusion; thus, an unlisted number may suggest that the child comes from a silent family.
- It may suggest that they are in conflict with some elements of the community (bill collectors, etc.)
- This may be a "running" family.

Child's Grade

- The child has been retained and has built up considerable resistance to school.

Child's Physician

- The child doesn't have a physician because he's never needed one.
- The parents are negligent in caring for the child physically.
- The religion of the family would not permit medical intervention.
- It may seem that while they have seen several physicians in behalf of their child with a problem they have no confidence in any of them, therefore, no physician is listed.

What is the primary problem that causes you to refer this child?

- This is an open question and to some extent lends itself to a projection of feeling about or for the child.
- "This child was not referred by us." This reveals defensiveness on the part of school personnel.
- "This child won't work at helping himself learn; he's lazy." He is considereda behavioral problem.
- He has no learning problem but is a willful child.

- "The child has a reading problem but is O.K. in math and spelling."
- There is a specific learning disability.
- There is no problem of using symbols or memory for symbols.
- The child had a bad start in school and has fixated the problem in his reading.
- The child may be able to do better in reading but isn't motivated.

II. Mental Ability

Listed below are four examples of mental ability found in the referral form.

Example 1

Tests & Form	Date	C.A.	Total I.Q.	Verbal I.Q. Language	Perf. I.Q. Non-Lang.	Examiner
Lorge Thorndyke	9-23-71	8-4	90	89	95	
WISC-R	10-1-74	11-5	112	95	121	

- This child is inattentive in class.
- This child can't stand the competition of other children in a group situation.
- This child thrives on individual attention.
- This child is less threatened and functions best in a one-to-one learning situation.
- There has been a substantial change in this child's environment in the last three years; thus he functions better now than he did earlier.

Example 2

Tests & Form	Date	C.A.	Total I.Q.	Verbal I.Q. Language	Perf. I.Q. Non-Lang.	Examiner
Lorge Thorndyke	9-23-71	8-4	115	100	129	
WISC-R	10-1-74	11-5	95	85	110	

- This child's ability to function mentally is deteriorating.
- This child is threatened by an individual testing situation, thus he doesn't function well.
- This child has a deteriorating disease.
- This child is sensitive about his adequacy as a person.

Example 3

Tests & Form	Date	C.A.	Total I.Q.	Verbal I.Q. Language	Perf. I.Q. Non-Lang.	Examiner
Lorge Thorndyke	9-23-71	8-4	100	82	122	
WISC-R	10-1-74	11-5	100	85	123	

- This child lacks language skills.
- This child has a language expressive proglem.
- This child has a receptive language problem.
- This child tends to be asocial.
- This child comes from a different culture.
- This child is bilingual.
- This child has had or does have a hearing problem
- This child cannot identify and use the figure sound with the background (noise).
- This child comes from a silent family.

Example 4

Tests & Form	Date	C.A.	Total I.Q.	Verbal or Lang. I.Q.	Perf. I.Q. Exam. Non-Lang.
Lorge Thorndyke	9-23-71	8-4	100	120	80
WISC-R	10-1-74	11-5	100	122	82

- This child is verbally very capable.
- This child has significant visual perceptual problems.
- This child has a motor problem.
- This child lacks interest in problem solving when it isn't verbal.

- This child isn't concerned with time (speed of task completion.
- This child is cerebral palsied.
- This child is somatically inefficient. He has little desire to expend physical energy.

WISC-R subtests

Verbal

1. Information is low

- This child is dull or retarded.
- This child comes from an unstimulating environment.
- This child hasn't benefited from his environment.
- This child is so preoccupied with inner needs or conflicts that he can't attend to his environment.
- This child has little interest in this facet of his environment.
- This child is asocial.
- His primary language is not English.
- His cultural values are not common to those of children who were used in the standardization of the WISC-R.

2. Comprehension is low

- This child is not practically oriented in his environment.
- His concept of himself is so poor that he cannot make appropriate decisions.
- He is so dependent on his environment that he cannot solve problems of this type.
- His mental ability is so low he can't conceptualize the problem.
- His emotional needs are so vast that he personalizes the problem and distorts it if he doesn't forget what he was trying to solve. (He has overwhelming emotional-social needs.)

3. Arithmetic is low

- He is not interested in academic work.
- He has poor auditory memory.

- He doesn't know the basic concepts in arithmetic.
- He cannot deal with abstract concepts.
- He has an auditory perception problem.
- He is hard of hearing.
- He cannot organize his thoughts well enough to process the data.
- His opportunities for learning these skills have been lacking.
- He is resistant to authority.
- The math method previously used may not be appropriate to solve the problems in this subtest.

4. Similarities is low

- The child is limited mentally.
- His understanding of classification is limited.
- He has had no opportunity to learn classification. (His environment has not caused him to thrive in these terms.)
- He is not flexible in his thinking process.
- This child cannot deal in abstract concepts.
- His associative thinking process is poor.
- His emotional-social needs are such that he can only deal with the most concrete type of experiences.

5. Vocabulary is low

- His culture has not provided him with the kinds of experiences to stimulate his developing understanding of words.
- The child is asocial.
- The child is limited mentally.
- The child has a receptive aphasia.
- The child has an expressive aphasia.
- The child has a hearing problem.
- He has learned to not listen.
- The child is shy.

6. Digit Span is low

- This child has a hearing problem.
- This child has a problem of sustained attention.
- This child reverses auditory input.
- This child resists authority when arbitrary requests are made (Often does better on digits backward than forward.)
- This child is afraid of making a mistake; he tenses up can't function.
- He has a rote auditory memory problem.
- The child is anxious.

Performance

1. Picture completion is low

- This child has a near point visual problem.
- This child is anxious.
- This child hasn't benefited from the casual informal observations of his environment.
- This child is not practically oriented.
- This child is so preoccupied with his inner needs or conflicts that he cannot observe these aspects of his environment.
- This child's need for closure (response to comb is "brush," response to hand is "the rest of her") is overwhelming the child.
- Hypothesis - this child is organic.
- This child is compulsive on a functional basis.
- This child's needs are so vast that the personal references made in response to the pictures produced a low score.

2. Picture arrangement is low

- This child has a visual problem.
- This child has poor visual perceptual skills.

- This child is unable to visually organize parts into an intelligible whole.
- This child is socially insensitive.
- This child is socially hypersensitive; he cannot settle on one arrangement in the time allowed.
- This child's temporal rhythm is slow; this results in a low score.
- This child does not perceive details well.
- The child is impulsive: he can't hold back his response long enough to appropriately plan his sequence.
- The child is anxious; he makes random placement of the cards.

3. Block design is low

- This child has poor visual perceptual skills.
- This child has difficulty dealing with visual abstractions (some children want to call each design something.)
- This child has poor reasoning visually.
- The child is inattentive.
- This child has poor motor coordination (gross).
- This child has poor perceptual organization (visual).
- The child is temporally a slow moving child.
- This child has an orientation to not finish any task - this may reflect impatience on the part of authority figures.
- This child falters under the influence of time pressure.
- The child is hostile and/or assertive: "make one just like mine" means the sides as well as the top to this child. This same behavior may reveal a child who is fearful that he isn't doing exactly as he is told.
- The child has little interest in non-verbal tasks; he may prefer to work in verbal activities.

4. Object assembly is low

- The child has a visual problem.

- The child has a visual perceptual problem.
- The child has a motor problem.
- The child has an inability to visualize mentally (to anticipate how the whole will look when the parts are placed together.
- This child is inflexible or perseverative.
- This child puts it together, sees that it isn't right, but is too rigid to risk an alternative way of doing it. He persevers in putting it together the same way each time.
- The child is not practically oriented or "reality" oriented.
- This child may not have had puzzles to put together, thus he has a low ability.
- The child be highly verbal and may have little interest in non-verbal tasks.
- The child never recovers from the threat of a difficult item such as having completed apple after demonstration to girl and being on their own. (Catastrophic reaction prone).

5. Coding is low

- The child's capacity for sustained attention is poor. (He usually produced less the last minute than the first).
- The child has poor memory.
- The child has a visual perceptual problem.
- The child's motor skills are poor.
- There is interference from a dominant left eye (sweeping right to left - reversing figures).
- Eidetic imagery is poor.
- The child's temporal style is slow.
- The child has limited associative learning ability (relating a number to a symbol.
- The child has poor finger dexterity.
- The child is impulsive (makes too many errors).
- The child doesn't learn new materials readily.

- The child finds this kind of task uninteresting and dull.
- The child sees no sense to this activity and resists the examiner's expectations by not doing well.
- The child is a perfectionist and scores poorly because he wants each one just right.

III. Hearing, Speech and Language

(See Chapter VI Assessing Language Needs)

IV. Motor Coordination

This child has a motor coordination problem in:

Walking or Running

- This child has limited neurological integrity (functioning) caused by trauma to the central nervous system; the child is cerebral palsied.
- This child is severely limited mentally.
- This child is tense (muscle tone is up).

This child has had little experience walking or running.

Writing-Printing - Art

- This child is cerebral palsied - if this ability varies under pressure the child is cerebral palsied - athetoid - mild.
- This child has poor fine motor dexterity not attributable to cerebral palsy.
- This child is tense thus cannot write or print well.

- This child is not interested in writing or printing.
- This child is not confident enough in himself to produce (and show) any product including printing, writing and art.
- This child has a visual perceptual problem.

P.E. Activities

- This child is cerebral palsied.
- This child is not interested in physical activities, thus has had little experience, thus has not developed motorically.
- This child is disoriented in spacial relations (left-right, up-down) and/or has a visual problem that doesn't allow depth perception thus appears to have poor motor coordination - catching a ball, bumping into things.

Sometimes Coordinated - Sometimes Not

- This child is intermittently tense.
- This child is a mild athetoid (cerebral palsied) child who manifests the symptoms only under competition or emotional stress.
- This child is poorly coordinated under tension or stress.
- This child varies in his coordination skills, dependent on whether he enjoys the activity or not.

V. Vision

Can't Seem to See Work On the Chalkboard

- This child has a far point visual problem.
- This child's vision is all right; his ability to pick it up visually and remember it (eidetic imagery) long enough to write it down is poor.

Can't Seem To See Desk Work

- This child has a near point visual problem, thus reading from a book would be difficult.
- This child compensates for his inabilities (mental or educational) by placing his head (eyes) very close to his work, causing one to think he doesn't see well.

Wears Glasses

- This child has a visual problem.
- This child's vision was corrected late; in the meantime, because of his poor vision, he didn't develop the basic academic skills.
- This child's visual correction has nothing to do with his learning disability.

VI. Hearing

Frequent Ear Infections and/or Earaches

- This child has had a hearing loss.
- This child's language skills are poor.
- This child has missed the appropriate auditory reinforcement for learning.
- This child's academic problems stem from the lack of receiving appropriate auditory stimulation.

Frequently Requests Teacher to Repeat

- This child has a hearing problem
- This child has a "habit" of not listening.
- This child finds it rewarding to irritate the teacher with this kind of behavior.
- This child has an auditory figure-ground discrimination problem.

Fails to Follow Directions

- The child has a hearing problem.
- The child can't utilize his hearing to associate the sounds to initiate the appropriate activity (receptive aphasia).
- Again this child may not be able to separate the figure (instructing voice) from the background (children's voices) noise.
- He resists authority.
- He has been an overstructured child and responds only to repeated directions or directions with a threat.
- His energy level is low and to initiate and pursue a task seems overwhelming.

VIII. General Health

Lowered Vitality

- This child has poor health.
- The child has allergies(respiratory and other).
- This child is too heavy for his frame.
- This child has an endocrine problem.
- This child doesn't get enough rest (sleep).
- This child has excessive responsibilities or activities outside of school.
- This child expends too much energy trying to resolve his emotional-social problems (frequently family problems).

Excessive Energy

- This child has an endocrine problem.
- This child manifests the hyperactivity syndrome
- This child lacks contical control for organic reasons.
- This child lacks self control via poor management.
- This child is compensating with excessive activity for lack of other favorable attitudes.
- This child is an over attender (distracted) and is frequently out of his seat.

Frequent Illnesses

- This child has a constitutional vulnerability to disease .
- This child has poor nutrition and/or sleep habits.
- This child comes from an environment not commor to healthy children.
- This child may have psychogenic involvement.

Frequently Overcome by Drowsiness Or Sleep

- This child may not be getting enough sleep (rest).

- This child's energy level is low.
- This child is using sleep (unconsciousness) as a retreat from his environment.
- This child is cataleptic.

Frequent Headaches

- His headaches are a reaction to emotional stress.
- His headaches associated with cyclic stomach complaints are an epileptic equivalent.
- This child has poor general health.
- This child's headaches are a result of organic trauma or disease.
- This child's headache is psychogenic.

Frequent Stomach Complaints

- This child has a poor diet.
- This child is under stress (physical or emotional).
- This child with cyclic headaches has an epileptic equivalent.

Dizzy Spells

- This child has physical problems associated with an alimentary tract or central nervous system disorder.
- This child is responding to emotional or physical stress.
- This child has poor general health.

Emotional Difficulty

Child Cries Easily

- This child's concept of himself is so poor that his threshold for crying is low.
- This child has accummulated (summated) a number of pressing problems (divorce in family, death), thus can accept few other threats without bursting into tears.
- This child more or less demands perfection of himself but his skills won't allow it.

- This child constitutionally doesn't have the inhibitory power other children may have.
- This child has learned to cry to get attention or manipulate his environment.

Seems Withdrawn - Seldom Participates, Excessively Shy or Day Dreams

- This child is rejecting the "life style" of his family.
- This child is behaving like most children from his culture.
- This child cannot afford to risk venturing into his human environment emotionally, as he has been rebuffed or rejected too many times.
- This child feels he can't compete with other children.
- This child has few skills and is aware of it, thus doesn't want to risk a failure by participating.
- This child doesn't enjoy the interaction with others as much as he enjoys his own thoughts. This is a reflection of his superior mental ability and often creative thinking.
- This child is preoccupied with trying to resolve his inner conflicts, conflicts with peers or authority figures.
- This child has an inability to deal with reality.

Excessively Loud and Boisterous

- This child has a hearing loss.
- This child has poor central nervous system control and most expressive behaviors are amplified or exaggerated.
- This child is compensating for what he feels is his lack of ability or appearance as compared to other children.
- This child is ventilating his feeling of anger via the loud voice.
- This child is hoping to get any kind of recognition from those around him even though it is unfavorable.

Easily Distracted

- This child is expected to pursue a task in which little success or satisfaction is derived.

- This behavior is part of the hyperkinetic syndrome and may respond to medication.
- This child overattends due to the low threshold for response (attending) to some or all modes of stimulation
- This child is more responsive to inner kinds of stimulation than external and tunes out the external source of stimuli in favor of the internal.
- This child has been overstructured and can continue attending behavior only under supervision.
- This child has come from a Laissez-Faire environment and has never been expected to attend for any length of time.

Tenseness

- This child's muscles are toned up due to organic involvement.
- This child accumulates stress by not being able to ventilate or discharge what he feels is an infringement on his rights.
- This child continually works at the frustration level.
- This child is anxious or fearful.

Nervous Mannerisms (Tics, Tremors, Nail Biting)

- This child is anxious and, due to increased metabolic activity as a result of the anxiety, apparently gets relief from the involuntary quick movement of muscles.
- This child has an environment with which he must cope that causes him to be tense.

Overly Suspicious or Jealous of Others

- This child needs close relationships with people but feels so inadequate as a person that he is threatened by a friend or relative communicating with another person or an animal.
- This child has experience the loss of close friendships in the past.

Excessive Complaints of Physical Symptoms, Pain

- This child may have a medical problem.
- This child may have a low threshold to pain.
  (also see frequent illnesses)

- This child feels the need for nurture.

Constant Motion - Moves About the Room Excessively

- This child is very curious.
- This child is very social.
- This child is distractable as part of the hyperkinetic syndrome.
- This child is anxious and finds some relief by expending energy.
- This child is "chronically" in a state of anger.
- This child is asserting himself by not doing his seatwork tasks.
- This child comes from a disorganized family.

Talks Incessantly, Without Permission or Interrupts

- This child uses talking as a way of controlling his environment; if other people aren't talking they aren't making any demands on him, nagging or being verbally critical of him.
- This child lacks control of most of his actions, including speech, due to the lack of suppressor control at the cerebral cortex level.
- This child has never learned to respect the rights of other children and/or adults.

Shows Extreme Interest in Monsters, War, Fighting, Etc.

- This child is very fearful.
- This child is angry.
- This child has been reinforced positively for this kind of interest and is not particularly pathological.
- This child is simply modeling the behavior of older siblings.
- The child has learned that he can somewhat reduce his acting out hostility by playing war etc., and that this behavior is acceptable, whereas if he tried to deal with it directly he'd be reprimanded.

Has Violent Outbursts of Temper

- This child has an accumulation of situations (usually goal obstructing) that cause him to be angry. It then takes only a modest irritation to cause the outburst.
- This is a family pattern.
- This child lacks corical control due to cerebral dysfunctioning.
- The peers are placing a lot of pressure on this child through ridicule.
- The whole family is persecuted by the community.

Lacks Curiosity

- This child is retarded.
- This child is afraid to look or hear.
- This child is preoccupied with other problems and has what he feels to be little energy to be curious.

Is a Passive Resister

- This child has learned that he gets more acknowledgement for his existence by not doing what is expected of him.
- This child doesn't feel he can openly confront the authority figures in his life by openly fighting their demands, so he acknowledges what they want him to do verbally but he never carries it out.
- This child isn't a passive resister but is a child who will start an activity only when he knows he can do it well otherwise he won't initiate it.
- This child has attempted to fight "being imposed upon" by authority figures but finds it wasn't paying off.

What Action Has Been Taken By School Personnel Or Other Professional People To Identify The Cause Of The Problem

The following hypotheses are generated with the acceptance that what has been done for the child is not working so at least some aspect of the program isn't appropriate or the child wouldn't have been referred.

- School personnel may not believe that etiology is important therefore they may not have worked at identifying the cause.
- Resources are not available to help identify the cause of the problem.
- Several studies may have been made but no strong suggestions as to the etiology have been made.

What Action Has Been Taken By The Classroom Teacher, School Personnel Or Other Professional People To Remedy The Problem

- The action taken was inappropriate for the child's problem.
- The action taken was appropriate but the activities pursued by the school personnel were countered by the relatives.
- The techniques were inappropriately used by school personnel.
- The same poor environment for learning persists; thus no amount of special help will counter it.
- The value system of the child will not allow him to be upgraded academically.

What Specific Methods And Materials Have Been Used By The Learning Disabilities Specialist

- The methods and materials were not appropriately used.
- The methods and materials weren't appropriate for this child, e.g., the child may be self-oriented toward whole word method but he is being taught phonics.
- The length of time that the methods and materials were used wasn't long enough, materials were inconsistently presented, or there was no marginal reinforcement.

In What Way Do You Feel That The Education Evaluation Center Can Be Of Service With Respect To This Child's Problem?

The purpose of this question is simply to be sure that the Center is not expected to do more than it can do. For example, if they expect a psychiatric or neurological evaluation and this isn't within the limits of the personnel available this should be stated early following receipt of the referral form.

GENERATING HYPOTHESES FROM THE CASE HISTORY

Generating hypotheses from a history is much more difficult to communicate to the reader because the response to the questions are open-ended, whereas the referral form requires a yes or no on most of the items. Thus the writer will try to confine the hypotheses to those relevant to learning problems. These hypotheses are in addition to those previously cited from the referral form. They are presented as examples and are not meant to be all inclusive. Refer to the Case History Form in Chapter III,

1. Demographic Data

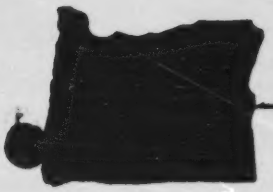
Occupation of the Father

- The employment of the father is very demanding in terms of responsibility for supervising people. This causes the father to not communicate well with the family including the child in question.
- The employment of the father results in pressure. It is a high risk job which is constantly threatening the father. He can't ventilate his feelings at work but does at home, causing the child at home to feel little self acceptance if none is found for him by the father.
- The father is underemployed and sees no future either economically or in status, and finds some satisfaction in taking these feelings out on the family.
- The father is unemployed which suggests basic economic problems but it may leave him with too much time to overstructure the children or the child in question.
- The reason he is unemployed reveals a physical or mental problem which is relevant to the child's disability.
- The father's work necessitates frequent moves for existence or promotion. This means frequent school changes for the child.

Occupation of the Mother

- The mother's hours of work make it necessary for the children to be unsupervised for a period of time habitating them to freedom of movement or action.
- It is necessary for this mother to work and it is better for the children that she does. This woman, for her own mental health needs outside contacts and satifaction.

PARENT FORM



Education Evaluation Center

Learning Disabilities

OREGON COLLEGE OF EDUCATION
Monmouth, Oregon 97361

CASE HISTORY

I. IDENTIFICATION

Child's Name ..... Birthdate .....

Grade ..... School ..... Age .....

Native language (if other than English) .....

II. PROBLEM

.....Our child's problem is .....

.....We first noticed this problem .....

.....The cause of this problem seems to be .....

.....We have attempted to help our child with this problem by .....

.....

.....When we leave the center we would like to know .....

.....

What do you feel your child needs: (check)

.....to learn sounds

.....to learn letters and numbers

.....to learn to read better

.....to learn to spell

.....to learn to write better

.....to learn to write sentences and stories

.....to improve his/her ability to express orally

.....to learn to do arithmetic operations

.....to learn better muscular control

.....to learn to pay attention

.....to learn to concentrate

.....other .....

.....

.....

.....to become more independent

.....to get along better with brothers and sisters

.....to learn to complete work without reminders

.....to learn to do chores at home

.....to become more cooperative

.....to learn to follow directions

.....to calm down

.....to have more fun

.....to get along better with other children

.....to take better care of his/her own things

.....to participate more in group activities

.....to learn to like himself-herself better

III. FAMILY

Father's Name ..... Age ..... Occupation .....

Address ..... Phone .....

Circle highest grade completed in school 6 7 8 9 10 11 12, College 1 2 3 4

Mother's Name ..... Age ..... Occupation .....

Circle highest grade completed in school 6 7 8 9 10 11 12, College 1 2 3 4

Address ..... Phone .....

Parent's are: Married..... separated..... divorced.....

Names of children in family, first born to last

1. ..... M F Age ..... 4. ..... M F Age .....
2. ..... M F Age ..... 5. ..... M F Age .....
3. ..... M F Age ..... 6. ..... M F Age .....

Child lives with: Both parents..... Mother..... Father..... Other .....

Number of Children at home.....

Does anyone else live with the family? ..... Who? .....

Relationship .....

How do the other children get along in school? .....

.....

This child differs from other children in the family by: .....

.....

Tell us about the mornings at your house .....

.....

.....

IV. BIRTH AND DEVELOPMENT

Pregnancy (while carrying this child)	Yes	No
Adopted	.....	.....
Complications	.....	.....
High temperature	.....	.....
Threatened miscarriage	.....	.....
Communicable disease	.....	.....
On medication	.....	.....
Carried all pregnancies to term	.....	.....
What pregnancy for you was this child	.....	.....

Birth	Yes	No
Difficult labor	.....	.....
Difficult delivery	.....	.....
Baby premature	.....	.....
Baby late	.....	.....
Discolored at delivery	.....	.....
Difficulty breathing	.....	.....
Difficulty sucking	.....	.....
Difficulty responding to light	.....	.....
Difficulty responding to sound	.....	.....
Blood incompatability	.....	.....
Weight at birth	.....	

Development: (Please report in months or years and months when possible)

First word .....
st sentence .....
First sat unassisted .....
First walked .....
Buttoned .....
Tied shoes .....
Rode bike .....

Generally was development early, late, or average? .....

V. MEDICAL HISTORY	Yes	No		Yes	No
Birth defects	.....	.....	Headaches	.....	.....
Surgeries	.....	.....	Stomach complaints	.....	.....
Allergies	.....	.....	Vision normal	.....	.....
Fainting	.....	.....	Hearing normal	.....	.....
Unconscious	.....	.....	Eats well	.....	.....
High temperature	.....	.....	Sleeps well	.....	.....
Ice packed or alcohol rubs	.....	.....	Well coordinated	.....	.....
Head injury	.....	.....	On medication	.....	.....
Seizures	.....	.....	Wets at night	.....	.....
Frequent colds	.....	.....	Wets during day	.....	.....
r infections	.....	.....	Soils pants	.....	.....

.....List diseases, surgeries or disorders that have been difficult for your child. Please explain.

....

....

....

..... The highest temperature our child has had was .....

VI. SCHOOL HISTORY	Yes	No	List any other schools attended:
.....Kindergarten	.....	.....	.....
.....Resisted going to 1st grade	.....	.....	.....
.....Was first grade successful	.....	.....	.....
.....Held back in school	.....	.....	.....
.....Upset about being held back	.....	.....	.....
.....Does he/she like school	.....	.....	.....

	Likes	Dislikes
.....Child likes/dislikes following activities at school	.....	.....

Explain: .....

.....

VII. SOCIAL HISTORY

	Yes	No
Child easily managed	.....	.....
Necessary to punish	.....	.....
Gets along with brothers/sisters	.....	.....
Gets along with other children	.....	.....
Likes himself/herself	.....	.....

Whom does he/she mind best? .....

What type of punishment works best? .....

The following are school or neighbor friends of my child:

.....

.....

VIII. INTERESTS, ABILITIES, RESPONSIBILITIES

.....My child enjoys doing the following:

alone	with others
.....	.....
.....	.....
.....	.....

My child does well at: .....

.....

My child does the following jobs at home: .....

.....

IX. Please add any other information which may be helpful in understanding your child.

.....

.....

.....

I wish copies of the evaluation report to be sent to:

.....Parents .....School .....Physician .....Other .....

Name .....

Address .....

.....

Name .....

Address .....

.....

Name .....

Address .....

.....

Name .....

Address .....

.....

Parent signature .....

Date .....

- This mother must work but would prefer to stay home. She is exhausted and finds the children burdensome and finds herself rejecting them and/or the marriage.

- This mother doesn't work because her husband won't let her, which reveals his own insecurities and/or distrust of the mother. This mother finds little patience with those around her including the child in question.

- The mother likes her role as a housewife and mother.

Special Occupational Situations

- There are certain other vocational situations that are hazardous for the normal development of children.

- The parent or parents are teachers and the community expects that children of teachers should be good students academically and in terms of acceptable behavior. The parent or parents in their attempt to meet this expectation place a great deal of pressure on the child. As a result, the child fights back through not doing well academically as this is where the parents are vulnerable to the scrutiny of the community.

- This father is a law officer or an attorney and he is concerned that his child not be involved with the law. Too much stress is placed on this and if the child resents this enough he will do something counter to the rules (law) of society as a way of fighting back.

- This father is a minister and his congregation expects him and his wife to be moral and righteous. They expect this child to be the same. The minister and his wife attempt to meet the demands of the congregation by placing too many restrictions on this child until he retaliates by acting out immorally.

Parents' Marital Status

- Married: They haven't been separated or divorced. This is a good wholesome marriage and represents stability for the child.

- Married: This is an unhappy marriage, one with a great deal of discord and uncertainty for the children. The parents have never separated, though they have threatened to do so. The child coming from this home didn't want to come to school for fear one or more of his parents would leave home. This child is considered a child with a school phobia when in fact his fear is that something will happen at home, such as his mother leaving without him.

- Separated or Divorced: This is a good situation for the child. There are no longer any fights. The home has become stable for the child.

- Separated or Divorced: The child longs for one member of the family to the point of not being able to concentrate on his academic work.

- Separated or Divorced: The child is shuttled from one home (mother's then the father's) and one or both of the parents try to win the affection of this child by being permissive and indulgent. There was so much feeling involved in this marriage that each of the parents are so eager to demonstrate the ineffectiveness of the other parent that no common regime of management from one parent to the other could be established. An example: The mother doesn't feel candy is good for the child, the father gives him all of the candy he wants. The mother allows the child to stay up late when he's with her, the father on the other hand sees that the child is in bed by 6:30 to counter the regime of the mother. No matter what this child does he knows he will have a champion in one of the parents and he develops into a child who doesn't censor his behavior. This child is in trouble with the rules of society.

- Separated or Divorced: This child lives with his mother or father who in turn lives with the child's grandparents. There are too many people making demands on the child, thus the child is tired of this regime and resists any instructions at school.

- Child under the regime finds a conflict in management between one of the parents and the grandparents. In one stance the child stops behaving overtly because he doesn't know which regime he's to accept. On the other hand he chooses to take advantage of this situation and behaves any way he chooses. Either of these presents a problem of management at school.

- A parent who has been married several times may be suspected of their psychodynamics. A mother for example, who chooses only husbands who are dependent (frequently alcoholic) may be a mother who insists that her children be dependent on her too. This doesn't make it possible for the child to work at school without a great deal of supervision or methods to encourage this child to work independently.

- This mother was divorced shortly after the pregnancy. She feels burdened by the presence of this child who is inhibiting her freedom. She is openly hostile toward the child. This child has little confidence in himself and his independent pursuit of academic work.

- This mother was divorced shortly after the pregnancy. She resented the pregnancy but recognizes it is socially not acceptable to reject your child; to prevent the awareness of these feelings she becomes overprotective. After all if something happened to this child, she would feel guilty of not wanting the child. This parent is the first to condemn the pediatrician, the teacher, etc., for not "doing right" by her child.

- This child is having difficulty adjusting to a new life style, having moved into a commune. He feels he is receiving less attention from his parents and is competing with the other children. This child feels that he is losing his identity and is preoccupied with this dilemma. Thus he is not doing well in school.

II. Problem

What is Your Child's Problem as You View It?

"I don't know what my child's problem is, the school people wanted me to bring him in."

- This mother is burdened with this child and resents the imposition on her time.

- She is insensitive to the problems of the child.

- Referral of this child by the school was a punitive act directed toward what appears to be an uncooperative or threatening parent.

"He doesn't have a problem - the school hasn't helped him enough".

- This mother is overprotective.

- This mother is unwilling to accept that the child has any problem. She may feel that she might have been responsible for it.

- The child doesn't have an academic or behavioral problem other than that created by an inappropriate school regime.

"My child has had academic problems since he started school, particularly in reading."

- This mother is realistic and honest in her evaluation.

- This child is doing average work but the expectations of the parents exceed the performance of the child.

- This child may be young (August, September, October birthdate) for his grade placement. Thus he's behind other children in his class.

When Did You First Notice This Problem?

"In the first grade".

- The school hasn't avoided sharing with the parents that the child isn't doing well in school.
- These parents were interested in their child and frequently inquired as to how he was getting along.

"We didn't know our child was in trouble until he was in the third grade".

- This child made a normal academic growth the first couple of years only to find a change in his human environment that wasn't conductive to continuing his academic growth.
- A change in teachers introduced a conflict for the child.
- The school didn't communicate about the learning problem until the third grade.
- The parent is anxious to blame the school officials and is accusing them of not appropriately communicating with her about her child.
- Some intrinsic or functional problem is causing the child to do less well academically.

What Do You Feel is the Cause of the Problem?

"I don't know".

- This parent is uninterested in the child and have given little thought about his disability.
- This parent has given considerable thought to the child's problem and really hasn't any idea why the problem exists.

"I think it's an emotional problem".

- This parent recognizes that there are enough emotional-social problems in the home to cause the child to not function well at school.
- This parent is trying very hard to communicate with the clinician even at the risk of being wrong. (This would characterize any parent who offers a reasonable explanation as to the cause

of the child's learning disability.)

What Solution Has Been Attempted in Resolving this Problem at Home and/or At School?

"Nothing to my knowledge".

- The parent isn't aware of any change in curriculum or management practices at school and the parents themselves haven't known what to do for their child.

- This parent is hostile toward the school even though they have tried to give special help to the child. This is a way to get back at the school who hasn't been able to solve this child's problem.

"He has been grounded at home until he gets his homework done".

- This child gets him homework done under this regime but he feels this is under duress and doesn't remember it; thus, he continues to be learning disabled.

- This child is putting in far more time (confined) on his homework than should be expected and goes to school to escape this regime. He is more and more becoming a dreamer and becoming more of a covert or overt resister to learning.

III. Family

Child's Position in the Family

"First Born"

- This child is the oldest of three children where there was no difficulty in becoming pregnant or miscarrying. The parents, like new parents of most firstborn children, knew little about infant development. They are oversensitive about the child's development and hover over each of his developmental milestones. Lengthy statements are recorded in the baby book. They tend to overstructure this child, thus causing this child to be somewhat dependent on structure when he gets to school; thus he doesn't work at the task unless the teacher can provide constant supervision for the child. This child is less gregarious and less spontaneous than the younger children in this family.

- This child was wanted for many years prior to conception or carrying the pregnancy to term. The build-up of anticipation and the final arrival of this child have caused the parents to be overprotective with a tendency to overstructure the child as well. The reason they overprotect this child is so that no harm will come to him. This child is anxious about his environment (often

physical harm) because the parents are anxious about it and have prevented this child from experiencing the usual problems of growing up; thus the child develops few coping skills. This child is considered a sissy by his peers and is considered emotionally fragile in that he cries easily. First grade was traumatic for him in attempting to cope with children with which he's had little experience. Most of his time and energy then was consumed in trying to understand or work on his anxieties in first grade, which caused him to get a poor start in school; thus he is rapidly becoming a disabled child.

- This child was the first product of an unstable marriage. The parents were considering obtaining a divorce but the mother became pregnant with this child. The unhappy marriage continued because of the social pressure brought to bear: "You shouldn't get a divorce if you have a child". The presence of the child is a constant reminder that if it wasn't for him the mother or father could have removed herself or himself from an unhappy marriage. These same parents in the meantime have had other children. This child is a particular target of their unhappiness. This child is angry at school and home because his goal of being an adequate person is threatened and he is not responsive to his teacher. On occasion he will be a passive if not an active resister. This child has learned he cannot reach out with an offer of his affection only to be rebuffed. Thus, he appears to be constricted as he relates to his human environment. This child isn't utilizing his inner resources in his academic program.

"One of the last born children".

- This child, quite unlike the oldest child who was overstructured, is found to be understructured. This results in what appears to be poor organization ability by the child. This is a result of the parents not being able to cope with the children; they have essentially given up in their attempt to manage them. This has resulted in a laissez-faire regime which allows this child to do what he wants to do when he wants to do it. His early experiences in school were structured and he resisted being confined to other than what he wants to do. This meant he got a very poor start in school. He wan't attending to task. In spite of the fact the child is finding security in structure and regular times to do things, he is now behind academically.

- This was the last child born to this family. There was eight years' different between this child and the next oldest. The parents admit this pregnancy was an accident and didn't plan on the continued confinement of being parents of a school age child. The result is overprotection not only by the parents but frequently by the older children in the family as well.

- The parents find it necessary to meet the child's every wish and the other children model the behavior of the adults as they relate to this child. This child is ineffective in developing or

utilizing any inner resources to pursue his school work. It is only when these parents understand the dynamics involved that they can start emancipating this child without feeling guilty.

- The same situation as immediately above is present except the older children in the family feel that the attention, affection and care that this child is receiving is the opposite of the situation for them when they were children. Being resentful, they tease this child and tend to boss him around until he becomes over-reactive to any teasing or threat. This isn't a child who can concentrate on his school work.

Does Anyone Else Live With The Family?

"No one"

- This child has no conflicts within his management regime, at least from sources outside the immediate family.

"The maternal grandmother has lived with us for five years"

- This grandmother contributes to the stability of the family by baby sitting, supporting the views of managing the child offered by the parents and not interfering with the lifestyle of the parents or children.

- This grandmother openly finds fault with the management, by the parents, of the children. The child has become a master at playing these factions against each other in order to get his own way.

- The child finds no security in this conflict of management. It is assumed he is the victim, as are the parents, of a grandmother who has nothing to do but criticize and threaten. Frequently, the child feels he is the cause of all this conflict, thus feels not too adequate as a person.

IV. Birth and Development History

A. Pregnancy

Is This Child Adopted?

"Yes, at three days of age"

- The parental or other background of this child is unknown.

- If the information was known it would shed light as to the etiology of this child's learning disability.

"Yes, the father of this child was illiterate although he was steadily employed"

- The father had few opportunities to go to school and quiet when he was in the 8th grade to work. The disability of the blood father is unrelated to the present problem of the child.

- The father was illiterate due to an encephalitis during infancy. There is no reason to believe that there has been any transmission of the disability to this child from the father, other than an environment provided by the father that may not be appropriate for learning.

- The father's father and the father of this child both have problems of reading and spelling. They both are very adequate in the basics of arithmetic. This child has inherited a specific learning disability.

"Yes, at 4 years of age"

- The child was well cared for physically including ample physical contact, language and other stimulation.

- The child was in several foster home care situations and while physical care was adequate, little demonstration of affection was made to the child.

- This child was in an orphanage and in spite of the personnel's best intentions, this child was neglected.

- This child was not up for adoption for some time because the professionals were suspicious that something was physically wrong with the child.

- This child became a ward of the court after the court found the child abused and neglected by the parents.

"Yes, my marriage was failing so we adopted this child thinking it would save the marriage"

- This was a desperation move on the part of the mother who thinks adopting this child will save the marriage. This is a selfish move on the part of the mother who has little regard for the child except as a way to solve her marital problems.

<u>High Temperature While Carrying This Baby</u>

- This high temperature had no effect on the development of this baby.

- The temperature of the mother, thus the baby, was so high the

need for oxygen was increased to the point that the system was unable to supply it and resulted in some cerebral damage thus affecting the baby's growth and development,

Threatened Miscarriage

- The report of a threatened miscarriage or abortion is not related to the problem of this child.
- The threatened miscarriage or abortion may have momentarily cut off the blood supply (and thus oxygen); this may have caused some damage to the central nervous system.
- The threat of the loss of this baby has caused the mother or parents to overprotect the child.
- They were advised by their physician that it was unlikely the mother could carry another baby to term.
- The mother resented the confinement to bed brought about by the threatened miscarriage by this pregnancy. Thus she may be resentful of the child.

Communicable Disease Present

- This disease didn't affect the fetus.
- This disease changed the mother's body chemistry (and therefore the chemistry of the baby), affecting normal development.
- This disease was a result of a filtrable virus; thus the baby had the same disease as the mother, at a critical time, preventing normal growth and development.

On Medication

- The medication taken during this pregnancy didn't adversely affect the baby.
- The medication (drugs) taken during the pregnancy affected the growth and development of the baby.
- The medication itself didn't affect the baby adversely but the condition (let's say, hypertension) did.
- The baby became addicted to the drugs (not prescribed) and had withdrawal symptoms resulting in a very tense baby, with or without continued disturbance of the system of the child.

Didn't Carry All Pregnancies to Term

- This is not relevant to this child. For some reason (known best

by her physician), this mother has difficulty carrying her children to term.

- The above child's growth and development was impaired because of the premature delivery.

Number of the Pregnancy

- The mother has two older children but reports that this child represents her 4th pregnancy. The 3rd pregnancy resulted in a miscarriage.
- The 4th pregnancy was threatened for the same reason as the 3rd pregnancy resulting in problems of growth and development.
- This pregnancy was aborted because the parents didn't want any more children, but they couldn't face aborting another child; thus they feel trapped.
- The above parents are too old and/or tired to cope, and openly reject this child.
- The above parents overprotect this child to avoid any conscious guilt feeling of not wanting him.

B. Birth

Difficult Labor

- The labor, though difficult, hasn't impaired this child's growth and development.
- The prolonged labor resulted in the premature detachment of the umbilical cord resulting in the loss of the oxygen in the blood supply for a period of time causing some cerebral damage.
- The pain and discomfort rendered by the difficult labor caused the mother to dedicate herself to no more pregnancies.
- The difficult labor made it difficult for this mother to accept the baby; this has resulted in overprotection, if not open rejection.

Difficult Delivery

- This delivery hasn't caused any adverse effects on this child.
- Due to the size and/or position of this baby the delivery was very difficult, resulting in mechanical injury or injury due to a lack of oxygen.

Baby Premature (Under Five Pounds)

- This child weighed well under 5 pounds, and although it was necessary to keep him/her in the hospital for almost a month there is little reason to believe this is the cause of this child's learning problem.
- This child was premature and the threat of losing the baby set up a parental need to overprotect this child; thus he is functionally handicapped.
- The development of this child continues to be slow in mental, motor and social adjustment; the rate of this developmental pattern will not change substantially.
- This child was premature and suffered lack of oxygen (or too much oxygen) and experienced some cerebral dysfunctioning.

Baby Late

- This child was one month late and weighed over 10 pounds, with no reason to believe this has affected this child adversely.
- This child was late and there was reason to believe there was a temporary pinching off of the umbilicus, cutting off the oxygen supply and resulting in cerebral dysfunctioning.

Discolored At Delivery

- This child was jaundiced at birth for several days with no apparent residual problems.
- This child was jaundiced; the mother for religious or other cultural reasons received no medical consultation and the baby was delivered by a friend. This child is found to have suffered from rh factor incompatability which has interfered with this child's development.
- This child was bluish cast for some time, in spite of appropriate medical care; he suffered from the lack of oxygen to the higher centers of the central nervous system, resulting in some cerebral dysfunctioning.
- A blackish cast characterized this child; there is some cerebral dysfunctioning.

Difficulty Breathing

- This child had difficulty breathing which was of short duration and left no problem for the child.

- This child had persistent problems of breathing, which suggests there was an inherent deficiency in the child's system. This resulted in some cerebral dysfunctioning, either specific or diffuse in nature.

Difficulty Sucking

- This child's system was immature due to premature delivery; the problem was temporary.
- This child wasn't premature and had a temporary problem which hasn't resulted in any developmental problems.
- Difficult sucking represents an inadequacy which persists in the system which persists, causing either poor development generally or a specific limitation of the child.

Difficulty Responding to Light

- This difficulty represents only a short lived problem for the child and may only reflect the immature developmental level of the child.
- This difficulty is supportive of the idea that there was a general breakdown of the system which persists.
- This was the initial symptom of a visual problem of this child.

Difficulty Responding to Sound

- This is only a temporary deficiency and hasn't resulted in any developmental problem for the child.
- This is only part of a larger syndrome of symptoms which supports the idea of a defective system which has continued.
- This child has a congenital hearing problem.

Blood Incompatability

See section titled Discolored at Delivery

Weight at Birth

- This child was well under 5 pounds at birth but the child's development has not been affected.
- This child's delivery was early because of some difficulty of the mother. This resulted in the premature delivery which may or may not have affected this child.

- This child's delivery was premature due to some constitutional deficiency of the baby which seems to be persisting.

C. Developmental History

First Word

- The first word is when some sound has meaning for a child which he or she can repeat although may not be articulated correctly.

"At *twelve months*"

- This is quite normal development.

"At *six months*"

- This is infrequently reported but it reveals a lack of awareness of this child's development on the part of the parent.
- This reveals a precocious development.

"At *eighteen months*"

- This child's speech is delayed and revealed only a temporary deficity in expressive language development.
- This was the first signal that this child has a lower rate of development in all functioning areas.
- This was a first symptom that this child has an expressive language problem.
- This child had early hearing problems that may or may not exist today.
- This child was congenitally deaf.
- This child finds little reason to initiate speech and is one of the rare children who are later recognized as mentally very capable.
- There has been little speech stimulation, thus this child hasn't initiated speech.

First Sentence

"At *eighteen to twenty-four months*"

- This child's early language development was normal.

"At *thirty to fourty-eight months*"

- This delay of expressive language development is consistent with the other below normal functioning of this child.

- This child has experienced little stimulation or encouragement to speak,; thus he hasn't developed. This child could be considered socially deprived.

- This child comes from a silent family, and while there was ample love and physical contact there was a minimum of language exchange.

- This child is a spectator and quite normal or even superior mentally.

First Walked

"At ten to fourteen months"

- This development appears normal.

"At eight months"

- This represents precocious motor development.

- The parents are not accurate in reporting the development of this child.

"At sixteen to twenty-four months"

- This child manifests a development rate below average.

- This developmental lag was functionally caused and hasn't continued.

- This child lacked appropriate physical care, including nutrition; this has contributed to the current slowness.

"At twenty-four to thirty-six months"

- This child is cerebral palsied.

- This child has had other conditions that didn't allow him to walk but which have not affected other aspects of his or her development.

- This child is generally limited in mental functioning, including motor.

Buttoned or Zipped

"Buttoned at four years"

- This child appears to be normal in desiring to be independent and has the system integrity to do this task.

"Buttoned at five years"

- This child is somewhat delayed in this task; this reflects the dependent nature of this child.
- The integrity of this child's system didn't allow him to complete this task.

"Buttoned at six years"

- This child is clearly delayed in this task due to the "immaturity" of the system.
- This child was extremely dependent, thus the inability to button.
- While this child's gross motor abilities seem to be intact, his fine motor ability seems to be limited.

Tied Shoes

- Six years is considered normal. The same hypotheses can be generated as for buttoning.

Rode Bike

"Rode a bike at four years without training wheels"

- This child has the integrity of the system and doesn't appear anxious about being hurt. This child may well be precocious.

"Rode a bike at six years"

- This child is normal in these skills.

"Rode a bike at eight years"

- This child's motor coordination and balance was delayed.
- This child fell from his bike and was hurt and he/she was too afraid to try earlier.
- This child didn't have access to a bicycle thus he didn't learn to ride it.
- This child was overprotected as the parent(s) didn't want to risk his getting hurt.
- This child's mental ability hasn't allowed him to pursue this task successfully.

V. Medical History

Birth Defects

Spina Bifida- This neurological defect varies in its residual handicapped effect. The involvement is in the lower spinal column and may or may not require or respond to surgery. In a case of severe involvement ambulation is difficult, the sensory experience of the lower extremeties are limited, with bladder and bowel control restricted. Some cases must be treated for hydrocephaly. This may or may not result in impairment of mental ability.

Hydrocephalus- This condition is an abnormal accumulation of fluid within the ventricles of the brain. This is caused either by the excessive formation of the fluid or the systems inability to absorb it; it can be caused by an obstruction which usually can be treated. In severe cases the child can become cerebral palsied, convulsive and mentally limited. The problem lies in the destruction of the tissue in the cerebral cortex due to the pressure of the fluid.

Cardiac- Congenital heart defects can result in poor circulation and thus provide a poor supply of oxygen to the higher centers of the brain. In rare instances, this can result in some cerebral dysfunctioning.

Misshaped head - Macrocephaly or microcephaly are characterized by an unusually large or small circumference of the head. While studies have usually not been able to correlate size of head with mental ability, microcephalics are most often severely retarded. Macrocephaly is simply an enlarged (larger than average) head, and the child may have no limited mental ability at all. An arrested hydrocephaly might be considered macrocephaly and may or may not have any mental or physical effect on the child. Asymmetry of the head may or may not suggest any mental involvement. A physician should be consulted for this and the above anomalies.

Achondroplasia- This condition appears to be genetic and is characterized by a normal trunk size but very short arms and legs. A mentally handicapping condition may accompany the condition in a higher percentage of cases than usual but very bright achondraplasics occur also.

> Birth defects or congenital defects often have an impact on the parents in that they feel responsible for the plight of the child. Occasionally all of their guilt feelings come into play and as a result they tend to overprotect the child, thus further disabling him or her.

Surgeries

Central Nervous System (CNS) Involvement

- This child had CNS surgery above the level of the spine but the involvement is modest to severe and appears limited to expressive motor ability.
- This child has both motor and thought process involvement.
- This child has only thought process involvement.
- This child in spite of the surgery manifests no cerebral dysfunctioning that can be ascertained.

Surgery Other Than the Central Nervous System

- This child has suffered from lack of oxygen prior to, during or after surgery, and this has resulted in some cerebral dysfunctioning.
- This child has had cardiac surgery but it is unrelated to the learning disability or other symptoms.

All Surgeries

- This child has had major surgery that threatened the life of the child but was wholesomely accepted by the child and his family.
- This child's life was threatened which has caused the parents to overprotect him/her to the point of disabling the child.
- The child has learned that when he is ailing, sick or disabled he receives lots of attention; thus he promotes symptoms that may or may not be relevant to a learning disability.

Allergies

Respiratory

- This child has allergies that affect his breathing capacity which results in restless sleep and accompanying lethargy which in turn causes him to be inattentive. Often he doesn't feel well.
- This child has asthma with the above symptoms and accompanying low threshold to reacting to emotional-social stress. It may or may not be strictly an allergic reaction.

Skin

- This child has allergies to various products which cause his/her skin to itch and perhaps to become infected. This results in much preoccupation with the symptoms and some lethargy is observed.

- This child has the above problem but in addition is chronically nagged by parents not to scratch or to avoid certain plants or foods until the child starts to turn off his environment. This may be relevant to his disabilities in school.

- Because of the chronic nature of his allergies and his or her unattractive, blemished skin this child is depressed and withdrawn and has little desire or energy to pursue his academic studies.

- This child has a devastating problem but accepts it, and it appears to be not related to the learning disability.

Fainting

> The fainting itself doesn't contribute to the child's learning problem but it can be symptomatic of other system changes that have caused the problem.

- This child has fainted several times but only in periods of illness, and there is little evidence that this symptom is related to this child's disability.

- In this instance the illness that caused the fainting also caused a high temperature which in turn caused some cerebral dysfunctioning and some learning disabilities.

- This child's physiology results in a low threshold for fainting; the fainting seems unrelated to stress or illness.

- This child faints only when under emotional stress and while this may not be causing the learning disability there would be implications for the climate for learning to be recommended in the prescription.

Unconsciousness (See Fainting Above)

- In this case the unconsciousness is a symptom of some basic changes in the chemistry of the higher centers of the central nervous system and if prolonged may have resulted in some loss of efficiency of this system.

- The unconsciousness was caused by the introduction of harmful chemicals (kerosene, gas, pills, etc.) into the system. This was treated early enough and it appears there are no residual effects to cause a learning disability.

- This child had been involved in an accident and experienced unconsciousness via a blow to the head which resulted in a cerebral palsied (spastic) condition. While the central nervous system was insulted and this child has problems of motor coordination, the accident doesn't appear relevant to his learning disability as he had the problem prior to the accident.

- Following an accident this child was unconscious for a lengthy period of time and while there was no gross motor involvement the personality has changed. The child appears to be much more crude, uninhibited in his relations with others, distractable with or without accompanying visual motor expressive problems.

High Temperature

> It is difficult to say what a high temperature is because one temperature may be high and devastating to one child while the same temperature to another child seems to have little effect. Two variable seem important. One is easily obtained; the other is almost impossible to obtain:
>
> 1. The duration of the temperature.
> 2. The ability of the child's system to provide adequate oxygen to the higher centers of the brain in spite of the heavier demands with an elevated temperature.

- This child had a temperature of 106^{0} due to complications of a contagious disease for three days. Medical help wasn't available and this illness resulted in the diffuse destruction of main cells in the high thought process centers. This is relevant to the learning disabilities of this child as there was considerable regression in abilities following the illness. The rate of mental development continues to lag in contrast to what appeared to be normal development prior to the illness.

- This child had a high temperature(for three days) which resulted in convulsions. There appears to be no residual effect from this illness.

Ice Packed Or Alcohol Sponged to Reduce The Child's Temperature

> Often the highest temperature is not recalled. The next best information available to determine if the child has had threatening high temperature is if ice enemas, ice packing or alcohol sponging has been prescribed to reduce the child's temperature. See High Temperatures above.

Head Injury

- This child experienced a blow to the head which resulted in unconsciousness, projectile vomiting and a need for deep sleep. This resulted in signficant lowering of his/her development rate and is relevant to the learning disability of this child.

- This child experienced the symptoms above with no apparent residual involvement.

- This child experiences the above with no symptoms resulting; however, the trauma (fear of loss of this child) on the part of the parents caused them to overprotect this child thus disabling him/her in academic as well as other areas of behavior.

- As a result of a fall both his/her eyes were blackened with signficant changes in behavior. This child is much less inhibited than previously and is now stated to be an acting-out child. Injury to the frontal lobe is supported by the findings of the E.E.G.

- Injury to head resulted in cerebral palsy (spastic type) which affected this child's left side. The integrity of the CNS has been impaired; there may be systems other than poor motor coordination.

- Injury to the head has caused visual disability in this child.

- Injury to this child has caused him/her to receive poor auditory stimuli and/or to associate it with other data or experiences.

- The immediate memory of this child seems to be impaired but the injury apparently has not influenced his long term memory of events prior to the accident.

Injuries other than a mechanical blow to the head could cause the above but in addition the injury may be more diffuse in its nature and could be even more devastating to the child. The intake of petroleum products without proper treatment, swallowing of other chemicals including prescription drugs in excessive amounts, a near drowning or buried in earth or snow to the point of unconsciousness are some causes that one must look for.

Seizures

- This child has had three convulsions with communicable diseases (elevated temperature of 103-104 degrees). The seizures have not continued and there is no reason to believe they are relevant to this child's learning disability. These seizures are known as febrile convulsions.

- This child has idiopathic seizures (cause unknown) that are controlled via medication. Again they do not seem to be relevant to this child's learning disability.

- Grand mal seizures characterize a problem for this child. This child's academic performance is vastly poorer than that of the other children in the family. The chemical imbalance or the injury causing the convulsive disorder appears to be relevant to the learning disability of this child.

- Temporary brief periods of unconsciousness, fluttering eyes, eyes rolled back, without slumping to the floor or even dropping a pencil she/he might be holding characterize this child's seizure disorder. The learning disability is relevant to this problem by simply not being able to attend and relate to the environment as without the seizures.

- This child prior to medication had frequent and intense grand mal seizures. The seizures are controlled with medication but the child is now lethargic and does not seem to relate well to his/her environment.

- This child has an epileptic equivalent, that is, he doesn't have a seizure as such but does have headaches and stomach cramps that seem to be cyclic in their occurence.

Headaches

See immediately above.

- Headaches are common to this child. They seem to be relevant to the pressure he experiences to achieve at home and school.

- This child has learned that headaches or other symptoms bring pleasant changes in the relationship with other people.

- This child has severe headaches that may be relevant to a seizure disorder or other more serious organic involvement.

Stomach Complaints

See seizures above.

- This child's stomach difficulties are a result of his/her not being able to express his/her feelings of frustration and emotional hurt. One may assume that this child is crying covertly, not overtly.

- This child's diet isn't appropriate for his system.

- This problem seems to characterize the father's side of the family.

  This problem doesn't seem frequent or intense enough to consider it as bringing unusual stress to this child thus isn't relevant to a learning disability.

Vision - not normal

> In the last few years there has been an overemphasis on vision, visual perceptual skills or visual motor skills as a contributor to learning disabilities. While each child with a learning disability should be examined by an ophthalmologist to rule out organic problems and to insure the best visual abilities possible for the child, there is little evidence that eye exercises or motor activities enhance academic skills but may improve motor skills. It seems that the consistency of visual perception, even though distorted, seems more important than the fact that someone has distorted visual perception intermittently.

- Though this child is blind (congenital) in one eye this isn't contributing to his learning disability.

- This child is blind in one eye for neurological reasons. The integrity of the central nervous system is poor; thus faulty vision and a specific learning disability due to neurological causes are present. The learning disability is due to the gross neurological problem that also caused blindness in one eye and not because the child was blind in one eye.

- This child's visual disability, corrected, still doesn't allow this child to benefit from normal print available to him; thus the child needs larger print, a magnifying lens or another instrument to enlarge his materials.

- This child's vision is such that he cannot utilize both eyes for depth perception. He frequently bumps into things and can't throw or catch a ball readily. This problem shouldn't contribute to academic problems other than those caused by the ridicule of other kids and the scorn from an athletic father.

- This child makes reversals in his reading, spelling and arithmetic. He is using his left eye as dominant and it is more natural for him to sweep from right to left than left to right. Because he sees it this way and recalls it via eidetic imagery backwards he produces it backwards.

- This child also makes reversals and it seems to be a problem of attending as he is right eyed.

- This child makes reversals and loses his place. In a test of eyedness he is found not to be either strongly left or right eyed. It is suggested he uses one eye one time and then the other eye.

- This child makes reversals but he relies on auditory memory for his printing or writing. His oral sentences are often scrambled as well as his writing.

- This child's vision though faulty has only recently been corrected. In the meantime he has learned to use his hearing rather than vision.

Hearing - not normal

- During infancy this child had a hearing loss that not only delayed language but caused the child to learn other ways of communicating (as did the parents) and he is still learning to use his hearing.

- This child has a neural hearing loss and the same cause of the hearing loss has caused other learning disabilities, if not mental retardation.

- This child has a hearing loss that is selective of what consonant and vowel sounds he can receive. He seldom hears all of the sounds in words. This is a child who would do poorly on an auditory discrimination test.

- This is a child whose primary language isn't English and whose language doesn't include some sounds, common to English; thus when they are presented auditorially they aren't heard or used. A method other than phonics must be considered.

- This child's environment has been comprised of ridicule, nagging and yelling. He has found it necessary not to hear and has become habituated to not listening. At school he is inattentive and not learning at an appropriate level.

Eats Well - no

- This child is a picky eater; the parents overprotect the child. These parents are afraid of this child or they are afraid of hurting his personality development.

- This child is a picky eater simply because it is a way of asserting himself with these parents. He eats appropriately when he is with neighbors and friends.

- Excessive eating is an organic (CNS) involvement.
- Excessive eating represents loneliness for this child.
- Excessive eating reflects the poor efficiency of the digestive system (he is slim).
- Excessive eating goes with the hyperactivity of this child, thus he needs lots of food.
- This child feels he's not getting his share of attention, affection and regard in this family. He eats everyone else's food as retaliation.
- This child drinks 2 quarts of milk each day. He is full of milk and eats no vegetables (his source of magnesium), and as a result is hyperactive.
- This child's intake appears to be modest but he is obese, breathless and has little energy to devote to any goal including academic pursuits.

Sleeps Well - no

- This child has many internal and/or external conflicts and therefore doesn't rest well during the period of sleep.
- This child sleeps only five hours, but this doesn't seem to be relevant to his learning disability.
- This child continues to have a reverse sleep curve which is relevant to an organic (CNS) problem (encephalitis).
- Excessive amount of sleep needed by this child is due to his need to escape what he considers to be an angry primitive environment.
- This child's bed is often torn up in the mornings. He is suspect of having nocturnal seizures.
- This child is hyperactive; one would think he would need lots of sleep but this is not the case. He doesn't appear to need the usual amount, and this lack of sleep has nothing to do with his learning disability.

Well Coordinated - no

- This child is poorly coordinated in both fine and gross skills and appears to have a general lag in development, if not known as mentally handicapped.

- This child is poorly coordinated in competitive activities but not in individual activities. This child simply cannot compete: his fear of failure causes excessive muscle tone and poor coordination.

- This mentally gifted child has had and has no interest in motor activities and has developed no motor skills. The integrity of the system would have allowed it but the child simply wasn't interested.

- This child is sometimes well coordinated and at other times isn't. A study of when he is poorly coordinated reveals that it is during a period when he is under pressure to write well. This child is a mild cerebral palsied (athetoid) child who gets along well until he is under pressure to do well or a threat of punishment. This child is often thought of as a child who could write well all the time if he wanted to.

On Medication

See section titled "Seizures".

- This child, 9 years of age, has recently been placed on Ritalin which has curbed his hyperactivity and has allowed him to attend better and for longer periods of time. In the meantime he is far behind academically, is discouraged, and is still fighting the habit of not attending.

- This child takes antihistamines which help his allergies but also make him somewhat lethargic and inattentive. It is difficult for him to attend to his academic studies.

- This child is on Ritalin (or amphetimines) and it makes him more hyperactive. The physician would want to reevaluate his medication.

Wets At Night

- This child wets only at night with no soiling and frequent voiding during the day. This child has a small bladder. A physician should be consulted.

- This child is following the pattern of other members of the family including parents, grandparents, etc.

- This child appears to be tense and this tension may be relevant to the wetting at night.

- This child has an infection and should consult his/her physician.

- This child wets while in bed just before time to get up. He/she has learned that this really upsets mother, which is a goal of this child.

Wets During The Day Only

- This child wets only while playing with other children outside. This child is competitive and social and waits too long.
- This child is an angry child and demonstrated it by wetting during the day.
- This child has a physical problem and should be seen by a physician.

Soils Pants

- This child has a persistent but modest soiling problem due to an infection, parasites or weak sphincter muscles.
- This child soils only during the day; this is symptomatic of his/her hostility or anger.
- This child is resentful of authority and is fighting authority by soiling.
- This child feels he/she is so bad as a person that to bring the peer and adult scorn by soiling is welcome.

Diseases, Surgeries, Disorders

> The clinician is looking for diseases, surgeries or chronic disorders that have interfered with the integrity of the child's system or has caused the family to disable the child.

- The child has a circulatory problem that limits the supply of blood (thus oxygen to the higher centers of the nervous system).
- The child has a pulmonary problem that doesn't allow the child the amount of energy necessary to cope.
- This child has had an insult to the central nervous system which doesn't allow him/her to function normally.
- This child's life was threatened which has set up a pattern of overprotection by the family thus disabling the child when independent effort is expected.
- The family is anxious about the health of this child and the child has picked up the anxiety and is thus immobilized.
- This child has an endocrine problem resulting in an inappropriate activity level or development.

Elevated Temperature

See previous section on Temperatures.

VI. School History

Kindergarten - Yes

- This child went to Kindergarten and made a marginal adjustment even though there were lots of children to play with in his neighborhood; this reveals an intrinsic problem.

Kindergarten - No

- This child didn't attend Kindergarten and was socially immature as he entered the first grade program. He spent most of his time adopting socially rather than working at academic tasks.
- This child lived in the country, too far from a Kindergarten to attend. Not only did he not have other children to play with but he had little opportunity to develop social skills in the Kindergarten.
- The parents of this child delayed his entry into Kindergarten because they felt he was immature.

Resisted First Grade

- This child was overprotected, overindulged and pampered; this resulted in conflict with the teacher and resistence to school.
- This child was unsuccessful academically and socially, and therefore became resistant to school.
- This child was mentally handicapped, and not being able to predict or anticipate his environment, readily resisted going to school.
- This child had medical problems that were aggravated by the "pressure" of school.

Was The First Grade Successful - no

- After examining the birthdate of this child he/she was found to be one of the youngest in the class.
- This child is mentally handicapped.
- There were too many children in this classroom to properly attend to the needs of this child.

- This child couldn't adjust to the personality of the teacher; therefore he did poor work.
- This child was hyperactive for medical reasons.
- Because attention and conformity were not expected at home, the teacher was unable to cause him to attend his academic work.
- Over-disciplined, this child wouldn't carry out the instructions short of punishment.

Held Back In School

See the section titled "Was the First Grade Successful" above.

- This child had nothing to say about being retained. He was resentful of having been retained and wouldn't work.
- The parents wanted the child retained, the school didn't, and the school personnel subtly were determined to prove their point by not supporting the child.
- The school wanted the child retained, the parents didn't, the parents were determined to prove their point by not supporting either the school or their child.
- This was a bright child who simply wouldn't do the work but had the necessary academic abilities which made him even more resentful of his plight of having been retained and has caused him to be further away from a challenging academic program.

Upset About Being Held Back

See section titled "Held Back In School" above.

Attended Other Schools

- Because of the itinerant nature of the father's work it has been necessary for this child to attend several schools. In so doing it has been impossible for this sensitive child to form any substantial attachments with peer or teachers because of the adjustment necessary upon moving again.
- Attending several schools was an easy adjustment for this child, but the reasons for the frequent moves reflect a very unstable family. It wasn't the moves causing this child's academic problems but a difficult home situation.
- This child seems to not have suffered from frequent moves.

Does He/She Like School

> The following are often considered to be school phobic reactions. The children often are dragged into the school against their will. More often than not it is not a fear of school but simply a need to be home to maintain the integrity of the home or the relationship between this child and other members of the family.

- This child is a physical child and spends every moment outside playing. He/she finds school confining and his/her need for physical activity is thwarted.
- This child finds the management regime substantially different than at home and is having difficulty adapting to it.
- This child doesn't want to be in school not because he/she doesn't like it but because he/she wants to be home; a baby sister or brother is getting all of the attention when he/she is at school.
- This child would rather be home because the mother has threatened to leave the father and the child doesn't want mother to leave without him/her.

Likes/Dislikes At School

> One is looking for the following here:
> 1. the observation ability of the parent where this child is concerned
> 2. the likes and dislikes to determine the level of the child's interests
> 3. to determine whether the interests are social
> 4. to determine if the history is relevant to his/her current likes and dislikes
> 5. to relate the prescription to the activities the child likes

Neighborhood Friends

- This parent states that the child has friends, but the parent doesn't know who they are. This is a parent who is not sensitive to the needs of the child.
- There are no neighborhood children to be friends with; thus the child lacks social experience.
- The parent knows the names of the children and is responsive to the social needs of the child by inviting children into their home.

Child's Interests

- This parent states that the child has no interests. This is a parent who has covert if not overt resentment of the child.

- The parent reveals that the child's interests are solitary; the child has learned that social engagements are not rewarding.

- The parent reveals that the child's interests are modeled after those of the father or mother. This may indicate who might help the child best with his/her learning disabilities.

VII. Social History

Child Is Easily Managed - Yes

- This child's learning disability is unrelated to his/her social behavior.

- This child is readily managed using the parent's standards but not the standards of neighbors or school personnel; his problems of conforming behavior are relevant to his learning disabilities.

- This child is not an acting out child, but he is withdrawn and a mild passive resistor. He/she may not be relating to the classroom activities and therefore isn't doing well academically.

Child Is Easily Managed - No

- This child is hyperactive because of a chemical imbalance that responds to medication.

- This child is hyperactive because he/she doesn't have the necessary suppression of the impulse life due to CNS dysfunctioning.

- This child is overdisciplined at home and is a management problem but not at grandmother's or at the neighbors. This appears then to be relevant to the excessive demands on the child. This may or may not be accompanied by learning disabilities.

- This child's early management was lax and inconsistent; presently the parents, recognizing that they are losing control, have tried to tighten up on his/her management only to find he/she is even more resistant. The same behavior is manifest at school.

- This child is openly defiant of any "arbitrary" demands on him/her and in general resists authority; this characterizes his/her classroom behavior as well.

- The parents are in marital conflict and use this child as a buffer. If one parent asks the child to do something the other parent says he/she doesn't have to. The parents disagree as to the management of this child. The child ends up doing what he wants to and carries this attitude to school with him.

Minds Mother Best

- Seldom do parents suggest that the child (boy or girl) minds the mother better than the father. Because mother is frequently getting dinner, doing the household tasks, she cannot follow up on her threats whereas the father, home from work, frequently can. The children soon learn the pattern and press the limits with the mother.

- The father accepts no responsibilities where the children are concerned; the child is more responsive to the mother.

- There is an open confrontation between the father and this child. The child is convinced that the father's demands are arbitrary and thus minds mother.

- The father is a stepfather (new to the scene), and this child is having difficulty accepting the role of the father in the home.

Minds Father Best

- The mother is overwhelmed with her responsibilities of a child or children, being a wife and homemaker. She has become resentful of her plight and demonstrates hostility both to the husband and the children.

- Because mother doesn't (cannot) follow up on her demands, this child is not easily managed; this difficulty may be transferred to the school setting.

- The mother has felt trapped by this child because she was seriously thinking about a divorce when she became pregnant. Her family is against divorce ("Think of the child"), thus there is covert if not overt hostility toward the child, thus the child is resistant and defiant to the mother.

Necessary To Punish The Child - Yes

- This child is punished to relieve the anger or frustrations of the father and/or mother. The intensity and frequency of the punishment is almost irrelevant to the behavior of the child. This is a child who occasionally cannot stand positive comments or to have good things happen to him/her because it is felt he/she is so bad it is necessary to act out to receive punishment.

- The child, attempting to assert himself/herself as an individual in the family, has declared war and finds it gratifying to upset the parents even though it means punishment.

- This child, for organic reasons, is extremely difficult to manage and as a last resort the parents have chosen physical punishment.

Gets Along With Other Children - No

- This child feels very inadequate and can't accept the slightest threat without reacting to another child or adult vigorously. This was precipitated by over-demanding parents.
- This child is simply modeling the behavior of siblings at home.
- The parents have taught this child to fight, not just defend himself/herself.
- The child, not doing well academically, finds himself/herself on the defensive. He/she cries easily and is easy prey for other children to satisfy their own hostile needs.

Gets Along With Brothers And Sisters - No

- This is the oldest child in the family and this child experienced considerable demands on him/her when younger. The parents, in the meantime, realize that what they expected earlier was unrealistic and have relaxed with the younger children, causing resentment of their "favored" position by this child.
- The child is one of three children; the other children are closer in age and interests and will not allow this child into their activities.
- This child attempts to compete with the older children in the family and feels he should be able to have the freedom they have. This results in frustration and anger toward the older children and parents.
- The parents found it difficult to understand the needs of this child, being the sex with which they have had little experience; neither had any sister and because this child is the only girl, they find her difficult. She feels the boys are favored and resents them.

Dislikes Herself/Himself

See above section titled "Get Along With Other Children".

- This child has threatened to destroy himself/herself because it is felt that he/she is contributing to problems for the parents who are unhappily married.
- This child has threatened self destruction only to manipulate the parents.
- The human environment has tried very hard to help this child feel more adequate, but the child is surrounded with other children who seem to do better academically and socially.

- This child lacks impulse control and is self-rejecting following an acting out episode for which he is sorry.

Differs From Other Children In The Family

- This child's problems seem to be common to the problems of other children and may reflect a genetic similarity.
- This child's problems are common to the other children's and suggest a difficult home environment.
- This child was different than the other children from the beginning: he had problems of eating, was more difficult to toilet train etc.. This child has a substantial genetic difference from the other children (genetic variance or genetic error).
- This child has been different from the beginning in language development, in sociability and in control. Cerebral dysfunctioning is seriously considered.
- This child has been different. It is because of the difference in attitude about this pregnancy versus the pregnancy with the other children that has caused the parent or parents to behave differently to this child.

Other Children In School

- The other children get along just fine in school academically. This child is manifesting a specific learning disability and it appears to be unrelated to family stress or mismanagement.
- The other children do well academically and socially while this child does not do well. This is relevant to the child's position in the family and/or attitude of the parents and siblings toward this child.

My Child's Interests

- To establish the child's interests may have implications for helping him/her make a better behavioral adjustment, including learning. It is also important to realize that he seldom enjoys working or playing with others as well as to know that he is last if left on his own to generate or maintain any activities.

Mornings

This item can reveal the organization of the family and how it may be influencing the development and utilization of the inner resources of the child.

- The mother reports she calls the child several times before he gets up, she reminds him to get dressed, to eat or he'll be late for school. She may even drive him to school if he's missed the bus or will otherwise be late for school. This is a child who is not developing the inner resources that will allow the child to function independently as an adult. This is a child who has learned he has a monitoring system outside his being, and he simply waits for someone to tell him what to do. Often in the classroom he doesn't heed group instructions and will respond only when a demand is made directly to him.

- The above child is in contrast to this child who has been encouraged and allowed to make decisions for himself and to suffer the consequenc as well. This child is aware of the rhythm of the family in the mornings and even though he can't tell time yet knows when he should be dressed, be finished eating, and be ready for school.

Psychometrics

Intelligence Testing - There are major criticisms directed toward the use of I.Q. tests, their construction, their validity and reliability and the misuse of these instruments. There is no professional group as critical of these instruments as the psychologists themselves yet few of them are willing to throw out all intelligence tests until there is a better alternative. While one may continue to question the content of some of the tests perhaps a more honest criticism lies in the misuse of the results of these instruments.

For years it has been assumed by many that the intelligence tests measure some innate capacity to learn, to adapt and to solve problems. If a child had an I.Q. of 100 then it was assumed that he should be progressing in academic achievement normally because he has a normal mental endowment. What occurs to you when this isn't happening? The following might be considered as hypotheses:

- he's had poor teaching
- he has a school phobia and can't function
- the parents don't expect him to do anything in school therefore he doesn't
- he is a child whose parents overprotect him to the point he can't function without his parent or parents
- the parents overstructure this child to a point that he cannot function without constant structure and supervision
- though he has what appears to be normal mental ability one find that in some ways he is quite retarded and yet is quite superior in other facets of mental ability
- while this child can function well for a few minutes he cannot sustain this during an academic school day

Another child who has an I.Q. of 80 would be expected to be functioning less than his grade placement level is found to be making normal academic achievement. Some would suggest that this child is an overachiever. It is not possible to achieve more than one is capable. The following hypotheses are offered:

- his mental development is irregular and while he is limited in in some ways his faculties are intact for academic learning

- the I.Q. rendered was from an individual test and this child being shy and threatened didn't do well on this test

- The test was from a group setting and he doesn't respond well to what appears to him to be a very competitive and threatening experience thus he did do well on the intelligence test

- his child's home and community environment has been rather unstimulating thus his environment at school has been appreciably better and he has benefitted by it and it is reflected in his normal progress academically

While intelligence tests reflect the integrity of the system to function in problem solving, gathering information and memory it is surely not a measurement of the mental capacity of the child. Intelligence tests are achievement tests and particularly at earlier ages is this "achievement" dependent on experiences and values to be in common with what the authors of the test believe to be measures of intelligence. Before one can accept a quantitative measure of intelligence the following must be considered:

- this child has and has had normal sensory ability

this child's environment has been stimulating and in the best interest of the child

- this child communicates with the language used in determing intelligence

- this child's culture and values are in common with that of the authors as he or she presents them within the test

- this child has had no health problems to temporarly or permanently interfere with his interacting with his environment

- this child was motivated to do his best when taking the intelligence test

- there are no irregularities of mental ability

The above is very demanding on the part of the clinician to explore before making a judgment about the mental ability of a child.

There are real hazards to even consider that there is one intelligence or one I.Q. One has only to observe several profiles from a WISC-R to realize that there are vast differences from child to child in their ability to score in the verbal sections versus the performance. In addition there are undoubtedly other intelligences such as social intelligence, practical vs theoretical intelligence and number intelligence. To put all of these together to render an intelligence would be like adding oranges, bananas and apples to render a fruit count. This does not characterize the type of or quality of the fruit in the count or how one might best utilize the bananas, oranges or apples.

Intelligence tests have been condemned for the inappropriate placement of child in programs for mentally handicapped childre. There was far more misplacement of children without them. The authors' experience has been that for every twelve children referred, thought to

be retarded, only one of these children was found to be retarded.

Psychometrics is invaluable but only as it relates to the history of the child. The use of psychometrics alone without considering the environment (history) of the child is an unethical practice. It is a misuse of the instruments.

It appears best for clinicians to know and like a few tests well rather than to try to use many different tests. It is what one observes, as a clinician, after having observed hundreds of children on the same test that is valuable. What one observed qualitatively is just as important as the quantitative results. Qualitative findings might include the following:

- worked well under the pressure of time
- was distracted particularly on oral expressive tasks
- many negative (opposite) responses were made
- was restless particularly on verbal tasks but seemed much more responsive on non-verbal tasks
- he had his head down, apparently attending, but his eyes were everywhere but on the material related to the task
- he appears to be a child who relates vigorously with his environment
- he appears to be a child who wants only a minimum of communication with his environment

There isn't a test that is free of the influence of culture on the child and thus his I.Q. scores. One often thinks of verbal tests as being much more a reflection of the child's environment than performance tests where a minimum of language is required. However, when one looks at the experiences of children one finds great variance in the availability of puzzles (object assembly of the WISC-R) or blocks (block design) or readiness materials (coding) or communication about the nature of things (picture completion) or being made aware of social activities and relationships (picture arrangement). Some children have never held a pencil prior to going to school and for all practical purposes have never observed anyone holding a pencil. His inability to hold a pencil or crayon then is certainly relevant to the culture from which he comes. Thus one cannot limit the effect of the environment on verbal scores alone.

Needless perhaps to say is the vast influence of the environment on the child's ability to score on verbal tasks both receptive and expressive, oral and written.

Some families are silent families, ones that simply do not orally communicate with each other yet the children are held with regard and well cared for otherwise. These children do very poorly on verbal tasks as they are measured and often do very poorly in reading because they do not have the language background often necessary for reading.

Other families may provide a highly stimulating verbal life that thrives on talking with each other only to find that they do little in the way of dealing directly with things such as constructing, repairing or manipulating objects. This child psychometrically will often be found to do very well on verbal tasks and very poorly on any other tasks. Upon entering school this child may want to continue his oral communication and do little else. Other children transfer their verbal interest to reading and thus become excellent readers!

Tests of Intelligence - Individual intelligence tests most frequently used in clinics are:

Wechsler Intelligence Scale for Children, WISC-R
Standard Binet, L-M (1972 norms)
Wechsler Pre-School and Primary Scale of Intelligence, WPPSI
Raven Coloured Progressive Matrices

The Wechsler Intelligence Scale for Children (Revised) is a test best used for children between the ages of 7 through 15. If the child is suspect of being mentally handicapped then age 9 should be the youngest tested with this instrument.

Unfortunately the subtests do not represent factors of mental ability because of their relatively high correlation within the verbal tests and within the performance tests. In other words the format is quite different from information to vocabulary but they are likely measuring expressive language "intelligence". It would be ideal if we could have factor analyzed tests whose subtests were relatively unrelated to each other but still contributed to what we know as intelligence.

This test is an achievement test in that while it reflects intelligence it is a measurement of what the child has perceived in his environment, the utilization and application of this as he relates it to similar situations in answering questions or solving problems in cooperation with the examiner.

This test is an aptitude test in that its only use is predicting the future performance of a child if there are no intrinsic or extrinsic changes. One may stretch a point and say it might generally predict the academic performance of a child in school. It does this fairly well with "regular" children but less well with clinic children.

A dilemna arises with tests like the Wechsler and the Binet for

for that matter, is that the most reliably score is the full scale I.Q. but it is the least valuable to the clinician and the most misused score. The full scaled I.Q. reveals basically an average (not statistically) of the rate of development as measured by the subtests and thus of the verbal and performance scores. The full scaled I.Q. simply doesn't describe a child's mental ability except as low, normal or high. It doesn't really describe the child's mental functioning as a verbal or performance I.Q. might. Further the verbal or performance I.Q. doesn't render the description of a facet of a child's mental ability as well as each of the subtests but the caution here is that the fewer the items the less reliable the measurement. Thus one must use descriptors of mental ability with caution based on subtests yet at the time of evaluation, for whatever reason, the score obtained should reflect how this child functioned. The key word here is functioned not functions.

The qualitative observation possibilities vary from one test to another. There are various instances using the WISC-R where one has an opportunity to see how a child works under the pressure of time. The Binet however offers almost no such opportunity. The quantitative score of course reveals usually how many he got correct in what amount of time. The qualitative aspect of a timed test can reveal the effect of the pressure of time as revealed by how hard he grips a pencil as compared to untimed activities also using a pencil.

Other attempts at gathering qualitative information could be as follows:

Does the child become disorganized and retreat to a more or less trial and error approach to solving problems. Does he become more distracted under timed conditions. As in coding, was he a perfectionist thus in the course of time did poorly on the task? Was the child learning the key as he went along or did he have to refer to the key each time? Is he a system beater? This child will often want to do all of the ones then the twos on coding. Does this child need support after every effort? Is the child tuning in and out, that is, is the child very attentive, and , functioning for a few moments only to find for the next fraction of a minute the child simply isn't functioning? Was the child impulsive, that is, give hurried solutions to problems? Was the child's ego so weak that he would sit and never say, "I don't know", or "I can't do it".

With a backlog of experience on the part of the clincian the child will soon tell the clinician that they solve problems differently. The job of the clinician then is to determine how is this behavior different and what implications does it have for the prescription for the child in question.

Please refer to the section on Referral Form Hypotheses for the possible implications for the subtests, verbal and performance scores.

The Stanford Binet - L-M is best used for children under eight years of age unless they are suspect of being mentally limited. In that case they could be much older.

Unfortunately the use of the concept of mental age with the 1972 norms is precarious. The original idea of Binet and Simon was to juggle the items until 50% of the children would fail the item and 50% would pass an item at a let's say 6 year level by 6 year old children. As you know there were no changes in the items (1972), the change was only in the restandardization of the tests results. It used to be that a mental age that was commensurate with the child's chronological age would tell the clinician that this child's I.Q. or rate of development was right at average or normal. The examiner can no longer rely on this kind of thinking. Depending on the age of the child a rule of thumb is that the younger children, in terms of mental age, must be much more successful than previous children in order to have a normal I.Q. or mental rate of development. This in attempting to use in practice the mental age to establish level of functioning of a child is no longer possible. It fact it is like using a rubber yardstick.

It is possible to have 2 children the same chronological age with the same mental age and the same I.Q. but who are vastly different in their mental abilities and rate of mental development.

Let's look at two children:

	John	George
C.A.	10-0	10-0
Basal Age	4-6	8-0
Ceiling Age	14-2	12-0
Mental Age	10-2	10.0
I.Q.	96	96

The information on George seems much more usable but even here the descriptions of George implied by the mental age and the I.Q. are limited. They are even less valuable with John.

The real value is to make an item study to see in each case which tasks above expectancy for a normal child have they been successful in and which tasks have they failed below expectancy (C.A. or M.A.). One may find that the visual motor items have been failed first causing the basal age to be low. Verbal expressive abilities may represent his or her earliest failures or perhaps those items having to do with

auditory memory or numbers. Looking at the scores above the level of the child's performance (M.A.) one may find they have a real faculty for analogies or verbal reasoning. They may have abilities in defining words. This item study will often reveal abilities that can be included in prescribing for the child as well as considering what appears to be disabilities to avoid, build up or compensate for.

The Wechsler Preschool and Primary Scale of Intelligence has very limited use for a diagnostic clinic concerned primarily with learning disabilities. The problem is simple that the range of the test is so limited.

It is a good test for kindergarten children only and if the program is early diagnosis and prevention it can be a helpful tool.

The Wechsler Adult Intelligence Scale can generate hypotheses in much the same way as the WISC-R in the clinic setting. There is one caution. It has been observed that children who were designated as educable but mentally retarded often score above what is considered EMR on the WAIS. This appears to be true for the 16 to 18 year old group. The tendency is to start looking for the culprit that misdiagnosed this person earlier. The problem seems to be in the instrument's (WAIS) standardization.

The Raven Coloured Progressive Matrices (1956) seems to be a very valuable instrument although it's range is limited (5 1/2 to 11). It's best uses are:

with shy children
with foreign or bilingual children
with children with speech production problems
with deaf or hard of hearing children
with children who are suspect of having a receptive and/or expressive language problem or problems.

In addition to the quantitative scores there are various qualitative behaviors that can be observed in administering the Raven. They are:

opposites - (oppositional tendency)
closure - (compulsiveness)
rigidity - (lacks flexibility)
impulsiveness

Oppositional tendency. This is observed usually when there is a directional error. For example, if an arrow should be pointing toward the center but is pointing toward the periphery this might be considered an oppositional response. One cannot make such a hypothesis based on one such response but if three such responses are made then this must be entertained.

Closure. Closure responses are inaccurate responses when the child chooses the whole figure. This child feels the need to close or complete the figure so strongly that he/she makes this kind of inaccurate response. Again problably three of these must be present before one hypothesizes that the child is compulsive. Correlate to this is the frequent need of this child to want things in order at home and school. This doesn't mean that he would necessarily put them in order but might be upset if they are not. One would have to examine whether this characterizes the whole family or just this child. Occasionally this relates to a CNS disorder.

Rigidity. This is suggested in two ways. One is the child's inability to change a mental set shifting from one subtest to another. This child often fails some of the simple items but will go on to pass much more difficult items later. The child often will demonstrate his lack of flexibility by being unable to handle two variables. For example a child's normal response might be two crossed bars both on the horizontal and vertical plane. The child might observe only the parallel bars (heavy lines) on the vertical plane and give an inaccurate response. Upon looking closer he finds his error but in choosing another includes the parellel bars on the horizontal plane and forgets that they must be in the vertical plane as well.

Impulsiveness. This is simply observed by the child not censoring his rapid inaccurate responses. Sometimes this child is making position responses, i.e. always answers with the upper right hand choice. This may be careless abandon rather than impulsiveness. Either of these have implications for the prescription.

This test correlates well with the Wechsler and Binet tests. With clinic children the score may be substantially lower or higher. If one examines the history of the child this discrepancy usually can be explained. Remember there can be a measurement error if the test is too low, rarely if its"too high". What is suggested here is that we hypothesize that the child scoring low might be able to score higher at another time or under different conditions while we never suggest that his high score should or could be lower.

Other Teststhat may be helpful in the differential diagnosis and in the specific recommendations for a child might include:

- the Bender Gestalt
- the Beery Buktenica - Visual Motor Integration Test
- the Benton Visual Retention Test
- the Draw a Family

The Bender Gestalt. This test is best used for children who are eight years of age or older. It should be chosen when one wants to use it as a projective measure in addition to a general assessment of the visual motor skills of a child.

The reader is referred to parts IV through VII of Koppitz, "The Bender Gestalt Test for Young Children".

One may view the paper as the child's environment and the way in which he responds to it as the way in which he might respond to other facets of his environment.

If the child responds vigorously with large figures, often drawing one figure on top of another, seldom accurate in the number of dots, rounding corners and often not closing the figure, the suggestion is that he is impulsive.

On the contrary if the child is not expansive (larger figures) but constricts his drawings to about one-half size or less then it is suggested that he is a child who reluctantly relates to his environment.

A child who is very exacting as to the num ber of dots (counting them several times) who erases, who indicates he needs a rules may be a compulsive child who needs everything in order. This may be an anxious child or a child with CNS disorder or a child from a very ordered home and management regime.

A child may find need of calling the figures something or adding knobs or wheels to the figures to call them a TV or a wagon. This is a child who perhaps must deal with his environment in a very concrete way.

Visual Motor Integration Test. This test is suitable for children of preschool age and is best used to determine the visual motor functioning level of the child. It doesn't lend itself to much projection as it is a rather highly structured test.

Benton Visual Retention Test. When a measure of visual memory is required this test may meet the need. It is important that the level of visual motor skills be established in relation to the retention skills measured by this test. If the level of visual motor skills is below eight, little will be gained by administering the Benton. Often the inexperienced clinician will jump to the conclusion that the child has a visual memory problem when in fact the problem lies simply in his/her inability to reproduce the figures when they are in front of him.

One can suspect an organic problem only when the history and other evidence supports it along with the poor results of this test. There are many variables here that determine the success or failure. The child simply may not be attending (support or refect this hypothesis by looking at the scaled scores of digit span and particularly coding). In that this test is somewhat arbitrary the child may simply not want to do it. It certainly measures eidetic imagery or the ability to pick up the figures and remember them for a short period of time. Occasionaly one will have the opportunity to observe that the child is

relying on his verbal description rather that eidetic imagery. This could have the child saying to himself " a circle and a square on it's corner", This would be important to know in prescribing for such a child.

As with the Beery and the Bender the size and accuracy of the drawings may be revealing.

Draw a Family. There are few guidelines for this test. If there is reason to suspect there are problems in the interaction of this family and it is affecting the progress of this child then this may be a revealing procedure.

Basically one is looking for the relationship of this child and other members of the family. One may find all of the figures encapsulated and not relating to each other which suggests that this family is living in the proximity of each other but not communicating. The child may draw himself on the periphery of the family which isn't appropriate as he should be closer to the parents as he's not the youngest in the family. One may get a feel for which parent should be helping the child with homework and it might not be the parent with angry teeth showing in the drawing. For example the small size of the child is relation to other children may suggest the child feels he is inadequate as a member of this family.

The clinician must relate the drawing to the child's history and present status. The use of the Draw a Family doesn't allow the clinician to say there is hostility between this child and another member unless it is supported by other evidence. Projectives should be used as a way of generating hypotheses and only that.

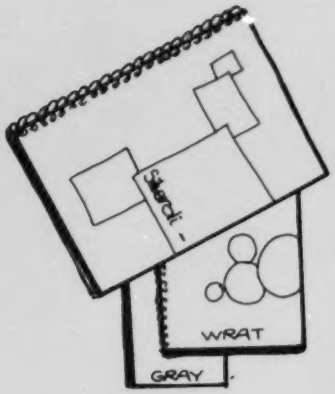
Another, and perhaps the best technique is using situational analysis to determine the press, the conflict, the anger, the futility a child experiences. This can be done by looking at the following:

- physical appearance
- academic functioning level
- his/her aspirations
- press of the family
- position in the family
- his motor coordination as related to his athletic
- aspirations
- the management regime at home
- a teacher who has little understanding of the
- child's problem
- impulse control problems which the child is sorry about

Many more could be stated but one must examine the conditions and then hypothesize how she/she would feel with the above internal or environmental conditions. The next assessment is whether the child is holding these feelings or whether he is acting them out which should be

relevant to the prescription for the child.

It is extremely important at this point to recognize that because a child has certain specific deficits, for example visual motor problems this does not necessarily mean that the learning disability is caused by it. What we may be dealing with is that there is an abnormality in the central nervous system functioning that causes the visual motor problem and is also causing the learning disability. There is little evidence that by pursuing visual motor training the academic skills of this child will be enhanced. It may be that this training could allow the child to better his level of visual motor performance if this is the objective for the child.



CHAPTER V

ASSESSING EDUCATIONAL NEEDS

In this chapter the reader will find a short description of the learning specialist's role in our Center, a description of the processes we use in diagnosis, and a list of the tests which we consistently find valuable.

The Learning Specialist's Role

The learning specialist in the Oregon Model Center has the responsibility to answer the following questions:

1. How did the learning problem originate?
2. What processes is the child using to learn to read, spell and do arithmetic?
3. Is there anything preventing him from learning now?
4. What is the best way to teach him?
5. What skill should the child be taught next?

Description of the Diagnostic Processes Used in the Model Center

To find the answers to the above questions, the learning specialist follows these steps:

1. Generates hypotheses about the problem.
2. Makes observations of the child.
3. Tries various methods to get the child to attend to the task and to work.
4. Conducts reading assessment.
5. Tests for learning disabilities.
6. Gathers information regarding the child's interest.
7. Conducts the spelling assessment.
8. Conduct the mathematic assessment.

Generating Hypotheses About the Problem

As soon as the referral form and the case history are available, the learning specialist searches them for possible hypotheses regarding the problem. This process may suggest tests you should use or observations you should make in order to confirm or reject these hypotheses. In Chapter IV, Dr. Rowland listed possible hypotheses about the social, physical and emotional nature of the problem. In this section you will find some hypotheses about the educational nature of the problem. Included also is a report of the flow of consciousness the learning specialist followed when testing a child with a learning problem. The report demonstrates the process of forming a hypothesis and then verifying or rejecting the hypothesis because of test or observational data you have collected.

Educational Hypotheses

The reader should refer to the Referral Form in Chapter III to see where the topics in this section originate. This section is designed so the reader can look at the referral form for a child and read examples of possible interpretations if certain items are checked or if certain statements are made.

WISC Subtests

In our experience, the subtests titled comprehension, arithmetic, similarities, vocabulary, digit span, picture completion, picture arrangement, block design, and coding are relevant to the educational assessment. In this section possible implications of the WISC scores are presented.

Verbal- Comprehension 7 or Below

- This child may find it difficult to use context clues in his reading material if it involves social and moral knowledge.

  Social knowledge of what one ought to do is often very helpful to a child who uses context clues to predict the story line in his reading material.

Verbal - Arithmetic 7 or Below

- This child may have an auditory discrimination problem.
- This child may not be able to track a complex verbal thought train.
- This child may be able to compute, but may not be able to do the computation in his head.
- This child may be able to compute, but is not able to select the correct process to use.

Verbal - Similarities 7 or Below

- This child cannot use abstractions.
- This child will learn best if the educational material is concrete, or functional, rather than abstract
- This child will not be able to use rules to learn by.
- This child will find it difficult to categorize and classify.

Verbal - Vocabulary 7 or Below

- This child will not understand the meaning of his reading material until he is taught the meaning of the words.
- This child may have a deficit in expressive abilities.
- This child may have an auditory reception problem (acuity, discrimination, or memory)

Verbal - Digit Span 7 or Below

- This child will not remember rote, meaningless auditory drill as is often found in math facts, phonics, and spelling bees.
- This child has poor auditory memory.
- This child does not like rote tasks.
- This child must have meaningful material to interact with.

Performance - Picture Completion 7 or Below

- This child does not attend to minute visual details.
- This child may have a deficit in visual discrimination.
- This child may have poor visual memory.

  This child may not be able to use a whole word method of word attack.

Performance - Picture Completion - 10 or Above

- This child overcompensates by finding flaws.
- This child is so concerned with minutia that he /she will not be able to make summaries or locate the main idea on a piece of reading material.
- This child may be an excellent whole word reader.

- This child has excellent visual memory.
- This child has excellent visual discrimination.
- This child has excellent visual figure-ground ability.

Performance - Picture Arrangement 7 or Below

- This child cannot identify pictorial clues.
- This child does not have the ability to predict what will happen in a story.
- This child is very creative and embellishes upon the original story to the point that his answer is good, but it is not the one that the test authors wrote about.

Performance - Block Design 7 or Below

- This child may have a visual perception problem.
- This child may not have had experience at this type of task.

Performance - Coding 7 or Below

- This child may have poor visual memory.
- This child may hate arithmetic, and may not be able to do the task because numbers are involved.
- This child may have poor fine motor skills.
- This child may be non-competitive when being timed.

ACADEMIC ABILITY LEVEL

(a) Reading

The book titles tell us what type of material the child is expected to read and the level estimate tells us whether he is successful in it. The word attack method of the material is identified by our staff.

Ginn, Houghton-Mifflin, Language Experience - Poor Reading Ability

- The child is failing in programs that promote a look-say or whole word approach.
- The child may have poor visual memory.

- The child may be bored with the content.
- The child may have poor visual discrimination.
- The child may be relying on the picture clues, and may not be learning the words.

Open Court, Lippincott, Economy - Low Reading Ability

- This child is failing in programs that promote a phonics word attack approach.
- The child may have poor auditory acuity.
- The child may have poor auditory discrimination.
- The child may have poor auditory memory.

Merrill, Miami, Sullivan - Low Reading Ability

- The child is failing in programs that promote a linguistic (word family) approach.
- The child may dislike fanciful or nonesense stories.
- The child may have poor auditory skills.
- The child may have conceptual or association disabilities.

(b) Arithmetic - At or Above Grade Level

- This child has good memory function.
- This child has the ability to track several variables.

Arithmetic - Below Grade Level

- This child may have poor memory function.
- This child may not be able to track several variables.
- This child may not be able to select appropriate processes to perform.

Houghton-Mifflin, Greater Cleveland, Below Grade Level

- This child may not be able to deal with abstract concepts.
- This child may not be able to use logic statements.
- This child may not be able to switch problem format 5-6 times per page.
- This child may need more drill on one type of problem before learning a new process.

(c) Spelling - Below Grade Level

- This child may not be writing his words when practicing.
- This child may think that everyone except him learns to spell a word by seeing it once.
- This child may be trying to spell words by the way they sound.
- This child may have poor visual memory.
- This child may not think that spelling is important.
- This child may be a whole word or context clue reader who is placed in a phonics spelling workbook.

Other - Handwriting - Poor

- This child may lack experience using a pencil.
- This child may think fast and may be impatient with the slowness of writing.
- This child may have a neurological problem which affects motor skills.

If spelling is high, and reading is low

- This child may be a "con" artist.
- One of the two tests may be inaccurate.

If arithmetic is high, and reading is low.

- This child has excellent memory and is able to learn to read.
- This child is placed in an inappropriate reading program - examine the match between the child's method of word attack and the method presented in the basal reader.

Motor Coordination - Poor

- This child may have deficits in motor expressive processes.

Vision - Poor

- This child may have deficits in visual perceptual processes.

Hearing - Poor

- This child may have deficits in auditory perceptual processes.

Speech and Language - Poor

This child may have deficits in auditory perceptual processes.

This child may have deficits in verbal expressive processes.

Health and Emotional Problems

In addition to those listed in chapter four, we may also consider hyperinsulinism, hypoglycemia, hypo or hyper thyroidism, and endocrine imbalance.

ACCEPTING OR REJECTING THE HYPOTHESES

Continuously during the assessment the staff members are hypothesizing about what the problem is. They may begin the session thinking of five possible reasons for the problems cited in the referral form. As they work with the child they move rapidly from one hypothesis to another attempting to locate the problems and whey they exist.

The next eight pages are devoted to an illustration of this process. The first three pages are the referral form sent to us. It may be helpful to the reader if he/she will read the referral information just as if he were a staff member receiving the case.

The next two pages are rough notes drafted by the learning specialist to illustrate what thoughts went through her mind as she worked with this child. The last three pages are the final report written by Dr. Rowland after the staffing was completed.

MENTAL ABILITY

C.A. = 9

INTELLIGENCE RATINGS — INDIVIDUAL OR GROUP TEST RESULTS

Tests and Form	Date	C.A.	M.A.	Total I.Q.	Verbal or Lang. I.Q.	Performance or Non-Lang. I.Q.	Examiner
Otis-Lennon	10-25-72	9-3	8-10	104		104	Becker
WISC	3-7-73		8	101	90	111	Harrison

Wise Subtests in scaled scores

Verbal
Information
Comprehension
Arithmetic
Similarities
Vocabulary
Digit Span

Performance
Picture Completion
Picture Arrangement
Block Design
Object Assembly
Coding

Binet Results
C.A.
Basal Age
Ceiling Age
Mental Age

ACADEMIC ABILITY LEVEL

Estimate level of daily work in:

(a) Reading: PP.... X .....Primer.....1st.....2nd.....3rd.....4th.....5th.....

List specific books and or materials being used with this child.

Distar - Level I - Allyn and Bacon Supplemental Readers

(b) Arithmetic: 1st.....2nd.....3rd.....4th... X .....5th.....6th.....

List specific books and or materials being used DITTO MASTERS FOR HOUGHTON MIFFLIN -MODERN SCHOOL MATH

(c) Spelling: 1st.....2nd.....3rd.....4th... X .....5th.....6th.....

List specific books and/or materials being used.

FOLLET SPELLING USING THE REVIEW -

Other: (Cursive or manuscript, Creative Writing, etc. — Enclose sample if pertinent to problem).

MAKING TRANSITION FROM MANUSCRIPT TO CURSIVE

Primary Problem: Visual handicap, short attention span, needs special tutoring. He reads at his level at any angle.

PHYSICAL

MOTOR COORDINATION

Describe or give example when this happens:

Yes No

X **Child has a motor coordination problem:**
- In walking
- In running
- In writing or printing
- In P.E. activities
- In art-motor performance
- Sometimes is coordinated—sometimes not
- Other

VISION

X **Child has a visual problem:**
- X Can't seem to see work on the chalkboard
- X Can't seem to see desk work
- X Wears glasses
- Other ..... CAN READ AT ANY ANGLE

HEARING

X **Child has a hearing problem:**
- Frequent ear infections and/or earaches
- Frequently requests teacher to repeat
- Fails to follow directions
- Other

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Describe, explain or give example when this happens:

SPEECH and LANGUAGE

- [ ] [X] **Child has a speech problem:**
- [ ] [ ] Stutters or stammers
- [ ] [ ] Difficulty in reproducing sounds correctly
- [ ] [ ] Difficulty in expressing himself in writing
- [ ] [ ] Difficulty in expressing himself orally
- [ ] [ ] Difficulty in understanding spoken language
- [ ] [ ] Other

GENERAL HEALTH

- [X] [ ] **Has poor general health**
- [ ] [X] Lowered vitality
- [X] [ ] Excessive energy
- [ ] [X] Frequent illnesses
- [ ] [X] Frequently overcome by drowsiness or sleep
- [ ] [X] Frequent headaches
- [ ] [X] Frequent stomach aches
- [ ] [X] Dizzy spells
- [ ] [ ] Other

EMOTIONAL DIFFICULTY

Yes	No	
[ ]	[X]	Child cries easily
[ ]	[X]	Seems withdrawn, seldom participates
[ ]	[X]	Excessively shy
[X]	[ ]	Too often daydreams, sits with vacant expression
[ ]	[X]	Excessively loud and boisterous
[X]	[ ]	Easily distracted
[ ]	[X]	Tenseness
[ ]	[X]	Nervous mannerisms (tics, tremors, nail biting, hyperactivity)
[ ]	[X]	Overly suspicious or jealous of others
[ ]	[X]	Excessive complaints of physical symptoms, pains
[X]	[ ]	In constant motion — moves about room excessively
[ ]	[X]	Talks incessantly, without permission or interrupts
[ ]	[X]	Shows extreme interest in monsters, war, fighting, or gruesome events
[ ]	[X]	Has violent outbursts of temper
[ ]	[X]	Lacks curiosity
[ ]	[X]	Is a passive resister
[X]	[ ]	Other SHORT ATTENTION SPAN

BEHAVIORAL DIFFICULTY

Yes	No	
[ ]	[X]	Excessive absences
[X]	[ ]	Excessive tardiness
[X]	[ ]	Out of seat needlessly
[X]	[ ]	Short attention span
[ ]	[X]	Hostile toward teacher
[X]	[ ]	Manipulates adults to child's advantage
[ ]	[X]	Encourages peers to disrupt class
[X]	[ ]	Reluctant to follow directions
[ ]	[X]	Hostile toward other children
[ ]	[X]	Is argumentative
[X]	[ ]	Involved in frequent fights
[ ]	[X]	Has difficulty with peers
[ ]	[X]	Difficulty respecting other's rights
[ ]	[X]	Child destroys property
[ ]	[X]	Steals
[ ]	[X]	Lies
[ ]	[ ]	Other

What action has been taken by school personnel, or other professional people, to **identify** the cause of the problem?

THE PHYCHOEDUCATIONAL INVENTORY OF BASIC LEARNING ABILITIES WAS GIVEN JULY 31, 1973. HE WAS WEAK IN VISUAL-MOTOR MEMORY AND VISUAL-MOTOR INTEGRATION.

What action has been taken by classroom teacher, school personnel or other professional people to **remedy** the problem?

HE WAS PROMOTED TO 4th GRADE TO BE WITH HIS PEER GROUP.

What specific methods and materials have been used by the learning disabilities teacher?

REMEDIATION OF LEARNING DISABILITY MATERIALS ARE BEING USED TO DEVELOP VISUAL-MOTOR INTEGRATION AND VISUAL-MOTOR MEMORY.

In what way do you feel that the Education Evaluation Center can be of service with respect to this child's problem?

WE ARE CONCERNED WITH HIS VISUAL HANDICAP IN RESPECT TO HIS BEING ABLE TO READ AT ANY ANGLE.

Please include any information about the child's home or family which might have a bearing on his achievement and behavior.

THE FAMILY IS CONCERNED AND TRYING TO DO WHAT THEY CAN TO HELP JIMMY MAKE ADJUSTMENTS TO SCHOOL. THE HOME IS NEAT AND ORDERLY.

Additional comments:

WANTS TO KNOW WHAT SHE CAN DO THAT WILL BE BENEFICIAL FOR TO HELP HIM CONTINUE TO LEARN AT HIS MENTAL ABILITY.

REFERRAL FORM INFORMATION:

1. Taught reading by Allyn & Bacon (whole word) but tested on a Durrell (phonics).

2. It is not likely that _____could be a 4th grade level speller and be a PP reader! Either the teacher must have him in an inappropriate spelling program or he really reads better than this.

3. The school officials and optometrist seem to be giving the child a great deal of attention because of a "fusion" and a "visual-motor" problem. Wrote identifying information appropriately on the Wide Range Achievement Test! He can't be PP!

SPELLING

4. No perceptual problems evident in copying the symbols in pre-spelling test.

5. Didn't get started on the task - worked slowly but not deliberately. Looked up and away from the task.

6. When spelling "boy" he wrote "dog" however he spelled "dress" with a "d".

7. When he started to spell "watch" (No. 17) he got me involved in responding to his many incorrect attempts. I assisted, taught, encouraged, etc.

8. In spelling #18 "enter" he wrote etn - er which was completely out of character - no other words had letters that were separated, no other letters were out of order.

9. When I pulled back from being supportive, and attentive to every small incorrect attempt, he wrote the sounds in correct sequence and did not separate the letters.

MATH

1. Even though I asked him to watch the signs carefully because they often changed, he added #4 5 instead of subtracting, he added #6

$$\begin{array}{r} 5 \\ -3 \\ \hline 8 \end{array}$$

4X2=6 instead of multiplying. I called his attention to the signs and he corrected the problems. Then he did #8 by subtracting one column and adding the other. 29 So I became firm with him- told

$$\begin{array}{r} 29 \\ -18 \\ \hline 31 \end{array}$$

him NO! That was not correct and I began to read something, turned sideways from him and ignored his verbal behavior. He became very loud, saying addition terms for subtraction terms and vice versa. He said loudly "5 take away 8", "5 take away 8 is 3, etc. I ignored

the behavior and responded only when he had a product, "the answer"

2. The next problem was 452
137
+ 245
I told him if he could get it correct, the first time, I would give him a nickel. He worked hard, said very little, came up with 844. I knew it was wrong, so when he said he was ready, I asked him if he had checked over the problem, because he only got one chance to be right and get the 5¢. He added it again (while I read something else) and came up with the right answer and I paid him 5¢. He attempted the 52.04 but couldn't borrow.
- 5.30

READING

1. He read the words very quickly on the first line until 1/2 way through the 2nd line. He sounded out "letter" [le-ts]. He read "jar" correctly. He saw "deep" and read "bump" and "jeep". I asked him to sound it out and he did it correctly. He called "even" every. He called "spell" spill. He read "awake" correctly. He called "block" black. He read "size" correctly. I then told him I'd give him 1¢ each for every word in the next line (3rd) that he could read correctly. The errors were typically the pattern of a "whole word" reader who responds to the configuration of the word and uses context clues which he doesn't have in the WRAT.

He read "weather" correctly
I pronounced "should" for him
He read "lip" correctly
He read "tray" correctly
He read "felt" correctly
He read "cliff" correctly
He did not know "stalk"
He called "lame" lamb, but then corrected himself
He read "struck" correctly
He knew "plot"
He did not know"approve"
He called "huge" hug and then
He called "quality" quietly
I paid him 7¢ for the words he had read.

2. We then switched to the Gray Oral, Form B, which I selected because he attacked words as if he were a whole word reader.

He read the first paragraph slowly, but correctly and had 100% comprehension. I told him I would pay him 5¢ for paragraph 2. On paragraph 2 he substituted "home" for house and said "But that doesn't make sense."
He read the second sentence and then corrected the first sentence. He made no other errors and had 100% comprehension.

On paragraph 3 (first grade level) Jimmy read all the words correctly except "ha;;y" which he called "happly". He answered the questions 100% correctly.

On paragraph 4 (second grade level) he made one error. He couldn't pronounce the word "laughed". I then told him the word at the end of the paragraph. He had 100% comprehension. At this point he had earned 22¢. We stopped for lunch.

On paragraph 5 (third grade level) he missed 8 words, but not of a serious nature, that is, they did not destroy the comprehension which remained at 100%.

Jimmy was unable to do the 5th paragraph (fourth grade level).

3. He is very accepting of suggestions. If he thinks you believe he should know something, he is more likely to come up with the answer.

4. HE CERTAINLY WAS NOT A PP READER!

Education Evaluation Center
Oregon College of Education
Monmouth, Oregon 97361

EDUCATION EVALUATION REPORT

Name:
Age: 9-2
Birthdate: July 30-1964
Parent:
Address:

Telephone:
County:
School:
Date: 3-8-74
Ex: 2-18-74

Referral

was referred by Mr. , Curriculum coordinator for School System. His teacher is in the 4th grade at School. It is reported that has a visual handicapp and his attention span is short and he seems unable to function without special tutoring. It is suggested he is reading at a pre-primer level although his ability in numbers and in spelling is at a 4th grade level. He is reported to have rather excessive energy and at other times sits and daydreams, is easily distracted, occasionally is involved in fights, is sometimes tardy and out of his seat. It is also reported that the district is concerned with his visual handicap in respect to the fact that he is able to read at any angle.

History

Both parents presented to the Center and revealed that the birth and developmental history were entirely normal and in fact there was nothing in the history that suggests any reason for to have his academic problems with the exception that the mother does not read, but she is fairly good in arithmetic. This child was administered an Otis-Lennon in October, 1972 which suggested normal mental ability. In March 1973, he was administered a Wechsler Intelligence Scale for Children. It was revealed that the verbal rating was on the low side of average, the performance was on the high side of average.

Present Study

In view of the previous findings, suggesting that while there may be some disparity in the mental ability of , he nonetheless appears to be functioning within normal limits and thus only a Bender Gestalt and a Raven Progressive Matrices were administered to support or reject the previous findings. The Raven reveals an age equivalent of 11-9. The Bender Gestalt suggests that there were no substantial visual perceptual motor problems. He tends to be somewhat impulsive and completes them rather hurriedly, howev er when asked to reproduce one making it the very best he could, the quality of the drawing of the figure was substantially better. He drew a family for this examiner and he had his father working, his mother cooking and his sister, younger than he, was reading while he was walking which is rather interesting. Other than the compartmentalization of each of the figures, which may suggest that everybody participates somewhat independently of each other, is not too revealing from a psychodynamic standpoint. was found to be right eyed, handed and footed.

A TAT was administered and revealed some anxiety on part, first of all, his not being able to do well, of being physically hurt, some reference was made to being deformed, death, and fear of a rattlesnake.

Vision and Hearing

vision was normal, his hearing was normal with the exception that the speech reception thresholds were rather inconsistent in the right ear. The speech discrimination appeared to be quite normal. His memory for sentences was rather poor which was estimated to be at about the fifth year, six months level. His receptive vocabulary level, as determined by the Peabody Picture Vocabulary Test was at an equivalent of nine years, two months. Again it was reported that there were many inconsistencies here that the child could some much more difficult items and miss some simpler ones. The SSW was normal suggesting that the temporal lobe was intact. It was Dr. Drexler's observation that the child did function very spontaneously and that he was very dependent upon the examiner to keep him functioning with such very simple tasks as simply encouraging him to turn his pages as on the Peabody.

Academic

Dr. Bonnie Young saw and revealed that his word recognition was at approximately a 2.9 grade equivalent level, spelling at the same level while his concept of numbers was somewhat higher. Based on a Gray Oral which is a more appropriate test of his reading ability, it was determined that his instructional level was at the third grade equivalent level. It was observed that without appropriate reinforcement and motivation indeed appeared to be very limited academically, particularly in reading. However, upon offers of money for success and giving him only one chance he was frequently quite successful. In fact, Dr. Young reports that he was able to obtain 22¢ by responding appropriately in the reading exercise. It appears that he is a child who needs lots of attention and it may very well be that he has learned that he gets more attention from being a disabled learner than he would if he did much better, and it is suggested that he involves people to instruct and help him which of course makes him ultimately very dependent. There is every reason to believe that he has intact learning abilities. It is suggested that his emotional needs for recognition and attention are excessive. It is also suggested that his emotional needs for recognition and attention are excessive. It is suggested that because the mother does not read, it is quite possible that this boy would not want to demonstrate that he reads better than his mother who is a non-reader.

Summary and Recommendations

It is suggested that is of normal and in many instances better than normal ability. Perhaps he is a bit down in terms of language development, the language structure seems to be somewhat limited. He is perhaps better in areas other than language. This child was able to demonstrate that he is not too far behind in reading. His spelling at this clinic was not observed to be quite as high as revealed by the school, neither of which however is out

of line for his placement as long as the child is working. It appears that there are no specific learning disabilities that would be preventing this child from learning appropriately. It appears to be a functional problem, a child who is perhaps somewhat active and distracted, a child who is very emotionally dependent upon his environment for support and for help.

Recommendations to the School:

It is believed that this child is getting more from his tutor than from his classroom teachers by being disabled, than he should be getting. It is believed that one should attend him and to positively reinforce him only when he is correct and only when he has a completed product. Otherwise, he will spend most of his time seeking a relationship with others where he is dependent on them for their help. One may have to use a token kind of a system that may be helpful to . It would seem important as a possibility to use programmed materials of any type such as the Grolier material, Sullivan Material, or Systems 80, Plus 4, or the SRA labs with a rather strong and short term of reinforcement program for . Perhaps by charting him on the bulletin board, where the whole class can see progress might be important to in his recognition that he is making some progress. It may be that could help children younger than he with their reading which may be a very ego satisfying thing for him and cause him to want to learn reading even better. The other possibility is, as he seemed to be disturbed by the idea that his mother didn't read, that if he could help his mother learn to read recipies, articles from newspapers, etc. that this may be both rewarding to the mother and to himself. It would seem that he would have to be relaxed in this matter and this would have to be very carefully monitored to be sure that this was not damaging to The point is that can read much better than he demonstrates in a classroom of children. Perhaps part of this is because of his being so distracted. Part of it may very well be that he gets more attention by being disabled than able. Thus reinforce him only for the completed product short at first, then longer.

Thomas D. Rowland, Ed.D. Psychologist
Director, Education Evaluation Center

MAKING OBSERVATIONS

It is difficult to explain all the clues that one looks for while the child is sitting in the waiting room with his parents, or when he is walking down the hall to the test suite. Informal observation, which can only be normed by the clinician's experience in observing childring many years of teaching, is the most efficient use of time. Many checklists are available for the inexperienced observer. The L.D. Resource Handbook printed by the New Jersey State Department is one of the best we have found. It should suffice to say that we observe motor skills, self-concept, independent behaviors, distractibility, skin tone, lip color, grooming, hair sheen, breathing, cooperative nature, knowledge of self-facts, tension, nervousness, erasures, perseveration, constrictive nature, etc. A list of other terms may be found in Chapter Three on the chart "Factors to Assess". Many of these we observe informally.

TESTING WHICH VARIABLES ARE IMPORTANT IN ATTENDING AND WORKING

During the testing the clinician is continually assessing what it takes to get the child to attend to the task, and what makes the child work at the task. Several roles have emerged which the clinician tries one after another until he/she finds one that works. The following is a list of the roles used to get the child to attend to the task:

- High Holler

  In this technique the clinician manipulates the pitch level and the volume of his/her voice.

- WOW'

  Excitement shown on the facial expression and the body movement are the essential ingredients of this strategy.

- See Me

  The clinician moves so that his/her face is in the child's direct line of vision.

- Knee-to-Knee and Nose-to-Nose

  Touch and narrowing the visual field are the two elements in this technique.

- Clear the Deck!

  All distrations are removed from the child's vision or grasp.

Getting the child to work once you have his attention may be more difficult. The following phrases have helped us deal with the most

reluctant children;

- "You have a choice, Either _____ or _____"
- "I mean business. You must. . ."
- "You can do it. I know you can."
- "If you do ___, then you may_____"
- "When you're through, then I'll look. . ."
- "I don't think you can do it--it's too hard."
- "You really fooled me."
- "Great. You really did that well."

Once you find a technique that works it is important to analyze what you did. What was the volume, intensity, quality, emotion, content, facial expression, body movement or gestures. Each of the variables in the role that worked with the child must now be dropped one by one. If the child still keeps working, that variable was not essential. If the child stops working, one may assume that the variable that was dropped may be essential. If the variable is added again and the child starts working, one knows that it is essential to the child's success. Some children work only when barked at by a loud, demanding male, work when given praise, others stop work entirely. This information is an important part of the educational assessment.

READING ASSESSMENT

In the next four sections of this chapter we will cover (1) methods of word attack, (2) reading levels, (3) learning disabilities, (4) interests and motivation, and (5) reading skills. Our intent is to describe briefly what we do in the center to assess the child's reading ability. We will present complete discussions on concepts or material that is unique to our center. Items that have been covered elsewhere in the literature will be noted.

Most of the referrals come to us because the child has a reading problem and because the local district has exhausted its resources and still have no answer. Therefore, our needs for information may seem extensive to the classroo teacher. However, when one considers that these students are the "hard core" L.D. type, the following list of information that we gather is not superfluous.

WHAT WE NEED TO KNOW WHEN DIAGNOSING READING PROBLEMS

Make a list of your first impressions about the child. List objective statements and subjective statements.

Estimate the reading level by administering a graded work list. (WRAT, Harris, or Fry).

Determine the method of word attack the child relies on when attacking isolated words.

Determine the method of word attack the child relies on when attacking words in a paragraph.

Estimate the reading levels (Independent) in Word Recognition and in
(Instructional)
(Frustration)
Comprehension.

Gather information from the school about the teacher's perception of the problem.

Check the child's ability to see and hear.

Determine if the child has the prerequisite learning abilities (perception and memory)

Determine if the child can use his method of word attack. (Does he have the prerequisite skills?)

Determine if he has the prerequisite personality to use his method of word attack, i.e., a child who is too shy may not be able to ask others what a particular word is. If he relies on the "Look-Say" or "Sight" word attack method, he/she will not be able to learn a new work if he/she is too shy to ask what that word is.

Gather family history, developmental history, etc. to see if there is evidence or organic or emotional causes for the reading problem.

Note any physical or health problems.

Determine if the child has the mental ability to learn.

Determine if the child has a good language base for reading.

Determine what motivates the child to learn and what his interests are.

Determine what techniques of relating to this child seem to be effective.

Develop some conclusions re:

What caused the problem originally?
Is there anything preventing the child from learning now?
What methods of reading should he/she be taught by? Why?
What level of materials should be used?
What skills should be taught next?
What really motivates this child?
Who should do what by when?
What techniques of relating to this child seem to make him function?
What can the parents do to help?

When a clinician begins a diagnosis, he/she must know what questions he will need to answer when the diagnosis is complete. These questions are presented on page 21. The answers to these questions will be the reading prescription.

METHODS OF WORD ATTACK

The traditional method of diagnosing reading skills consists of the following steps:

Give the child a test which will tell the grade level of the material he should have for a basal reader and the grade level suitable for the library books he will take home to read independently. (Examples of this type of test are the Gray Oral, an Informal Reading Inventory constructed from basal readers, Classroom Reading Inventory, Durrell Oral Reading, Gates McKillop Oral Reading.)

Test the child's ability to recognize sight words or "instant words". (The test materials are usually sight word lists or the Fry Instant Word List).

Give a test of phonics knowledge. (This test is usually a list of alphabet letters and combinations to which the child responds by saying the appropriate sounds. The Fry Phonics Test, The Roswell-Chall Word Analysis Test or the Britton Phonics Inventory are often used to assess phonics skills).

Investiage the interests of the child so that exciting and motivating stories can be recommended for the child to read.

The basic assumptions underlying the traditional diagnostic methods are that the child has a reading difficulty because:

he is using a basal reader that is too difficult for him,

he is selecting library books that are too hard for him,

he doesn't recognize enough words instantly,

he doesn't have a complete knowledge of phonics, and/or

he isn't reading interesting or motivating books.

In the above instances the clinician is concerned with the analysis of the child's work. A task analyst would call this "product analysis." For example, the clinician analyzes the words the child knows, the type of questions answered, or the number of questions answered correctly. Most reading clincians are trained to do product analysis. This type of analysis is helpful as far as it goes. However, the type of analysis that has proved to be the most beneficial

in our center is called "process analysis." We examine the processes used by the child as he/she attempts to do certain tasks. We believe that three processes in the reading task are crucial to examine. They are:

The process by which the child unlocks unfamiliar words. This process is called word attack.

The perceptual and memory processes which are prerequisite skills for the child's method of word attack. Deficits in these processes are called learning disabilities.

The social and interaction processes which are necessary in order for the child to use his method of word attack. These processes are called personality characteristics.

The assumptions underlying the above diagnostic strategy are that the child is having difficulty learning to read because:

he may be using a method of word attack which is not the same that is being used in his basal reader, or is not the same method taught by his teacher,

different methods of word attack require different perceptual and memory skills. The child may be using a method of word attack which requires perceptual or memory skills that he doesn't have, and

different methods of word attack require different social and interaction skills. The child may be using a method of word attack which requires social and interaction skills which the child has not mastered.

Our experience during the past two years at the Oregon Model Center has verified that the information gathered by examining these three processes makes a vast difference in being able to plan effectively for the children we serve.

We have noted with concern that there was as much as three or four grade levels difference if we selected a reading test that allowed the child to use his preferred method of word attack. Therefore, we first identify the method of word attack used in paragraph reading and then we select a test which is appropriate to that method.

In the following sections we will discuss each of these processes and how we diagnose using this strategy.

Word Attack Processes and How To Identify Them

To understand the methods of word attack, one needs to understand the learning theories upon which reading series are based. There are several theories which attempt to explain how children learn. One theory says that the child first learns small bits of information and

then puts them together to form the whole. This is called a "part-to-whole" or "synthetic" approach.

Another theory insists that the child first looks at the whole and then analyzes its components. This is called a "whole-to-part" or "analytic" approach.

Still another theory says that the child learns first by recognizing clusters within a whole that may be similar to other clusters within another whole.

One can recognize which learning theory is the basis for a reading series by looking at the size of the unit which the text presents for the child to learn. If the child is taught to look at the letters individually and to respond by saying a sound (phonics), or a letter name (alphabet chain), you know this is a part-to-whole approach. If the child is taught to look and then analyze its component parts, you know this is a whole-to-part approach. If the child is taught to recognize a phoneme group (__at) and to respond by saying the sound unit of that group (linguistic word families), you know this is a cluster approach.

There are five methods of word attacks. They are:

- Alphabet Chain
- Phonics
- Linguistic Word Families
- Whole Word
- Context Clues

The "alphabet chain" and "phonics" are methods of word attack which spring from the part-to-whole learning theory. The "whole word" and "context clues" are methods of word attack which have their origin in the getalt psychology of "whole-to-part" theory. The Linguistic Word family method of word attack has originated from recent studies regarding coding processes in human memory. For our purposes, we refer to it as a cluster theory. This theory relies heavily on the concept of transfer of training. Let us now examine each of the five methods of word attack and discuss how to identify them.

Alphabet Chain

The alphabet chain method of word attack is not commonly used. In the past six years at the Education Evaluation Center we have identified six children out of 750 as using this method. Even though it is rare, a diagnostician should be able to recognize when a child is using this method of word attack. To demonstrate this method, let's assume that the child is confronted with the word "cat" but is unable to pronounce it immediately. If the child uses the alphabet chain method, he/she will say the letter names "c", "a", "t". After each letter has been named correctly, the child says the word cat. You may actually see the child's face light up as he finishes saying the last letter and is then able to retrive the appropriate word from his memory.

Phonics

Phonics is probably the method of word attack that is being taught in most primary grades in Oregon. If we show the word cat to a child who is using a phonic word attack method, this child will say /c/ /a/ /t/. After each letter has been "sounded out," the child will slowly slur or "blend" them together. When the child recognizes these sounds as a familiar word, he will say cat. There are two essential differences between the phonic word attack method and the alphabet chain word attack method. You may recognize them by:

Listening to what the child says:

- In the phonic method, the child says the individual sounds out loud or to himself.
- In the alphabet chain method the child says the individual letter names out loud or to himself.

Observing when the child recognizes the word:

- In the phonic method, the child recognizes the word after he has blended the sounds.
- In the alphabet method, the child recnognizes the word as soon as he says the last letter name in the sequence.

Linguistic(Word Families)

The Linguistic word attack method is gaining in popularity in Oregon. The term "linguistic" has many meanings because it is used in a number of disciplines. In our Center, when we speak of word attack methods, "linguistic" means a method in which the child first searches for a known unit of graphemes, and then combines it with the sound of an initial consonant or blend. For example, when a child using the linguistic method of word attack is shown the word "cat" he/she will first say /at/ /c/. Then he will blend the two units and say the word cat.

The child will usually look for word family units such as it, an, ad, ig, op, ot, et, eat, id, od. The features that distinguish the linguistic method from the phonics method can be recognized by:

Listening to what the child says:

In the phonics method the child will say the individual sound, out loud or to himself.

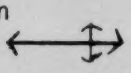
In the linguistic method, the child will say the word family unit out loud or to himself, and then the individual sounds.

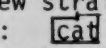
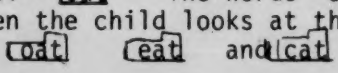
Listening to the order in which the child says the sounds:

In the phonic method, the child begins sounding the letter on the left and works his way across the word to the right.

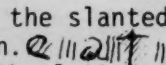
In the linguistic method, the child first pronounces the word family unit. Then he says the sounds of other letters which may be found in the word.

Whole Word or Look-Say

The whole word method of word attack was the most popular method taught in Oregon from 1930-1960. It is still taught successfully in many districts. Many children who are of high intellect will teach themselves to read by using this method regardless of the method they are exposed to in school. If we show the word cat to a child who is using the whole word method, this child will say "cat" or he will say "I don't know". If he makes a mistake, the mistake will be because he doesn't recognize all the configuration clues in the word. For example, he may say "oat", "eat", "bat", or "hat". In these mistakes he has failed to see the outer configuration of the word "cat" or the inner configuration made by the lines and spaces. The outer configuration is made up of the length of the word and the height of the letters. 

If one drew straight lines around the letters, the word cat would look like this:  The words "oat" and "eat" are identical to the word "cat" when the child looks at the outer configuration only. For example, 

The inner configuration is composed of two variables. One is "line" and the other is "space". Some children who make errors in word recognition may be attending to the spaces between the letters or the spaces within the letters instead of to the lines.

In the next figures, the slanted and vertical lines call attention to the space configuration.  There are two types of space - one is the space between the letters shown by the vertical lines and the other is the space inside the letters, which is shown by the slanted lines. The features which distinguish the whole word method from the phonic method can be recognized by:

listening to what the child says:

In the phonics method the child will attempt to "sound out" the word, when he doesn't recognize it instantly.

In the whole word method the child will say "I don't know" or refuse to try.

comparing the error words with the presentation words:

In the phonics method, the error words will bear a close resemblance in sound to the presentation words.

In the whole word method, the error words will bear a close resemblance in their shape to the presentation words.

Context Clues

The context clues method of word attack is rarely used by beginning readers as the only method of word attack. It is sually combined with the whole word method. However, there are some children with high intellect, and an excellent oral vocabulary who use this method exclusive of other methods. A child who uses the "context clues" method of word attack may not be able to identify the word "cat" if it is presented alone. He will be able to read only when there are other words surrounding it that give the word "cat" meaning. If he makes an error, he may call it "kitty" or "kitten". Error words will usually be within the same category or classification. For example, instead of the word "home" the child may say "house". Instead of "car", he may say "automobile". The context clue method of word attack is the technique that advanced readers use almost exclusively. The child will read ahead for several sentences to understand the meaning or concept and then come back to the word he is unable to pronounce. If you watch this child's eyes, you will see them sweep the page in an effort to find clues from pictures, or from other words which will tell him what the word in question is. This child is often erroneously labeled as having "poor visual tracking." However, there is nothing wrong with his ability to move his eyes; he is just looking at segments of the page where you didn't expect him to look.

The context clue reader may be easily distinguished from the whole word reader by:

Comparing the grade score on a word list to a paragraph reading test:

In the context clue method, the child will score one or more grade levels higher on a paragraph reading test than on a graded word list and paragraph reading test.

Comparing the error words to the presentation words:

In the context clue method, the error words will be substitutions within the same classification or category for the presentation words.

In the whole word method, the error words will be substitutions that bear a close resemblance to the presentation words.

LEVEL OF READING

Methods of determining the level of reading ability may be found in many texts. Reading Diagnosis for Classroom and Clinic by Ed Fry or The Classroom Reading Inventory by Nick Silvaroli are two excellent sources of information. Our experience in the center leads us to state three cautions:

(1) Choose an oral reading test that contains words which allow the child to use his method of word attack. Differences of one to four grade levels will be the result.
(2) Use the comprehension score in determining the reading level rather than the word recognition score, when there is a choice.
(3) Count as word recognition errors those words that are not justifiable substitutions depending on the method of word attack.

LEARNING DISABILITIES

The relationship between learning disabilities and reading problems has never been clearly defined. Most authors discuss reading difficulties and then they say that many of these are caused by learning disabilities. Wallin has come the closest to our belief when he said that all word recognition skills are dependent upon blending, memory and discrimination. Mann and Suiter are helpful in that they tell you how to test for various learning disabilities, but no one has identified the methods of word attack and then shown which methods require which learning abilities. The charts shown on pages V-28 to V-30 are an attempt to show this relationship. We must remind the readers that we have no group data - only individual cases - but our experience leads us to believe this concept is true. The charts are not meant to be complete. They are working copies that the reader may use to add to or delete as he/she sees fit.

Discovering learning disabilities in high school students is difficult because the tests are designed for young children. Therefore we use a questioning strategy which is designed to narrow down the possibilities. An example of this questioning strategy is given following:

Questioning Strategy in Search of Modality Disabilities

General Question: What subject do you like?
Answer: Art
General Question: What subject do you dislike?
Answer: Social Studies
Probing Question: What do you do in art?
Answer: Draw pictures - anything we want to - it's quiet.

Clues	Reasons
"Draw pictures"	likes fine motor activities
"Anything we want to"	power struggle - student wants a choice - resents authority
"It's quiet"	cannot tolerate noise because of: - Auditory delay - Auditory discrimination deficit

	- Auditory loss in high frequency range - Auditory figure-ground

Probing Question: What do you do in social studies?
Answer: The teacher talks and then we have group discussion.

Clues	Reasons
"The teacher talks".....	Power struggle - student wants to control the time and events. - Auditory Memory Deficit - Auditory Figure Ground
"We have group discussion".....	Auditory delay - Auditory discrimination - Auditory acuity loss - Auditory figure-ground

Priority Question: Which is worse - when the teacher talks or when you have group discussion?
Answer: When the teacher talks.

An analysis of the student's mistakes in answering comprehension questions on a reading test will also give some clues regarding the learning disabilities he may have. A list of questions to ask yourself while assessing comprehension skills may help. They are:

QUESTIONS TO ASK YOURSELF WHILE ASSESSING COMPREHENSION SKILLS

Does he have difficulty recalling facts? If he/she does,
-----Examine memory function
-----Explore interest and motivation

Does he have difficulty understanding the vocabulary? If he/she does,
-----Determine if the words he misunderstands are of a certain class--
(1) concrete, (2) functional, (3) abstract
-----Determine level of receptive vocabulary

Does he have difficulty understanding the concepts or ideas in the story? If he/she does,
-----Examine the child's oral language syntax
-----Examine memory function

Does he have difficulty making inferences from what he has read? If he/she does,
-----Examine the experiential background of the child
-----Examine the child's transfer of training ability

INTERESTS AND MOTIVATION

Young children will usually answer questions such as "What do you do after school?" and "What do you want to be?" It is fairly easy to discover their interests and the motivating forces that urge them to action. The

PHONICS. A chart showing the various abilities necessary in order to read via the phonics method.

Learning abilities	Personality Characteristics	Reading Skills Hierarchy	Processes	Language Skills
• Visual attending • Auditory attending • Auditory discrimination • Auditory sequential memory for 3-8 sounds • Auditory closure • Auditory blending	• Ability to make alternative choices (divergent thinking) • Patience in sounding out and blending • Secure enough to accept failure (guess)	• Letter Names • Letter Sounds Consonants Short Vowels Long Vowels Blends Digraphs Diphthongs "r" controlled vowels • Blending • Rules and rule application (Example:) Final "e" rule Two vowels	• Monitor the sounds - do they make a word? • Retrieve • Guess • Track • Express verbal output • Recognize when words are not soundable • Recognize that some letters have a number of sounds	• Oral vocabulary Receptive Expressive • Concepts • Articulation

V-28

WHOLE WORD. A chart showing the various components necessary in order to read via the whole word method

Learning abilities	Personality Characteristics	Reading Skills hierarchy	Processes	Language Skills

• Visual attention
• Visual figure-ground
• Visual memory for one word
• Visual discrimination
• Visual sequential memory
	• Able to delay guessing until he looks at all the letters
	• Generate alternative word
	• Tolerance for material of high repetition
	• Able to ask someone what the word is
		• Eye-span for two inches
		• Recognition of sight words
		• Knowledge of letter names
		• Knowledge of initial consonants
		• Knowledge of structural analysis
		  • Roots
		  • Prefixes
		  • Suffixes
		  • Syllabication
		• Dictionary Skills
			• Recognition of outer configuration*
			• Recognition of inner configuration
			• Association with a picture
			• Able to process several variables at one time
			• Verbal output
			• Monitor - Is it a whole word?
			  • height of letter above or below line*
			  • shape of letters
			  • spaces within letters
			  • spaces surrounding the lines of the letters
				• Oral vocabulary
				  receptive
				  expressive

V-29

LINGUISTICS. (WORD FAMILIES). A Chart showing the various components necessary in order to read via the linguistic (word families) method

Learning abilities	Personality Characteristics	Reading Skills	Processes	Language Skills
• Auditory attending • Auditory memory (for two or three phonemes) • Visual a attending • Visual memory (for two or three units)	• Tolerance for non-meaningful material • Tolerance for pattern repetition	• Initial consonants • Consonant blends • Diphthongs • Word family units (i.e.) in, at, op, ut • Rhyming	• Recognition of a pattern • Monitor - is it a word? • Express - verbal output • Recognition of several symbols as a single unit of sound	• Oral vocabulary receptive expressive • Concepts group or unit first, middle, or last.

clever clinician will select books, materials, and activities that appeal to the youngsters.

Often high school students have vocational goals that have never been analyzed in terms of the educational skills the job requires.

> High school students must see that the school work required of them will teach them the skills that they will need to perform in their chosen profession. They are more likely to do their school work if they believe that it will help them perform their duties on the job. In order to demonstrate this relationship, the following questioning strategy is presented:

Questioning Strategy in Search for Motivations or Goals

General Question: What do you want to be, or do, when you get out of school?
Answer: Forest Ranger (Profession)
Probing Question: What does a Forest Ranger do on his job?
Answer: He reports fires.
Process Question: How does he do this?
Answer: He calls another Ranger on the radio.
Confirmation: Right! He calls another Ranger! How else do you suppose he reports fires:
Answer: Well, he could write to somebody.
Confirmation: You bet he does. He writes reports.

READING SKILLS

Many resources exist which the clinician may draw upon to determine which reading skills the child needs to know next. Ray and Rodenborn's Reading Record File, Fountain Valley, Wisconsin Skills Design, Heilman's Phonics In Proper Perspective, and Fry's Reading Diagnosis for Classroom and Clinic. The main idea to remember is that for each method of word attack there is a set of reading skills. Once the choice is made as to the method of word attack the child should learn, then the clinician should prescribe the reading skills that complement that method.

There are a multitude of reading skills and skills lists. In our clinic it helps to simplify things for us if we categorize any skill that we find into one of two major headings: word recognition and comprehension. Each of these topics is divided into its components. A list of these groupings follows.

OUTLINE OF READING PROCESSES AND THEIR COMPONENTS

I. Word Recognition Skills
   A. Word Recognition Level
   B. Methods of Word Attack
      (1) Perception (Auditory and Visual)
      (2) Memory (Auditory and Visual)

II. Comprehension Skills
   A. Understanding Word Meaning
      (1) Receptive Vocabulary Level
      (2) Expressive Vocabulary Level
   B. Understanding Sentence Structure
      (1) Receptive Syntax Level
      (2) Expressive Syntax Level
   C. Memory For
      (1) Factual Details
      (2) Vocabulary
         (a) Concrete
         (b) Functional
         (c) Abstract
   D. Critical Analysis
      (1) Transfer of Training
      (2) Summation
      (3) Valuing

SPELLING ASSESSMENT

Two main areas are examined when assessing spelling ability. They are: (1) the method of recalling the word (phonic: visual memory, or kinesthetic) and (2) the child's study skills. We seldom have time to go beyond this in our clinic, but we have seen some excellent results. We rely heavily on the SRA Spelling Lab for a sequence of spelling skills. The WRAT is used to obtain a grade level in spelling.

Page V-33 is a list of questions to guide the diagnostician in Assessing Spelling Ability.

MATH ASSESSMENT

There are two critical areas in math that the clinic staff are concerned about. They are (1) the level of learning the child is capable of, and (2) the processes by which the child attempts to compute. Other areas in math seem to be related to learning disabilities, or reading ability and are considered elsewhere.

The questions to be considered during an assessment are shown on page V-34. Gagné's book Conditions of Learning is an excellent resource for answering the question about the child's level of learning. Our staff use the WRAT for a quick assessment, and the KEYMATH test when we have more time, or when math is the primary learning problem.

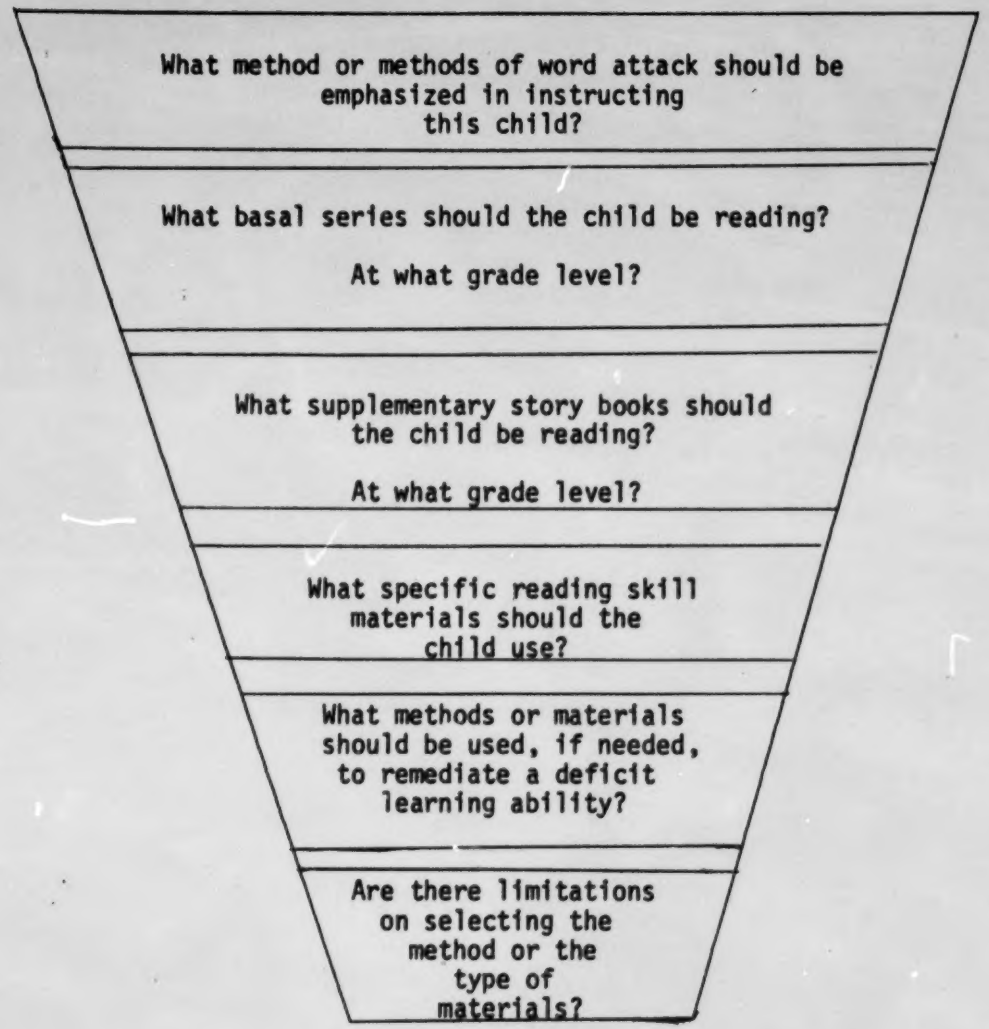

What method or methods of word attack should be emphasized in instructing this child?
What basal series should the child be reading?
At what grade level?
What supplementary story books should the child be reading?
At what grade level?
What specific reading skill materials should the child use?
What methods or materials should be used, if needed, to remediate a deficit learning ability?
Are there limitations on selecting the method or the type of materials?

Figure . Questions To Guide The Diagnostician In Assessing Reading Ability.

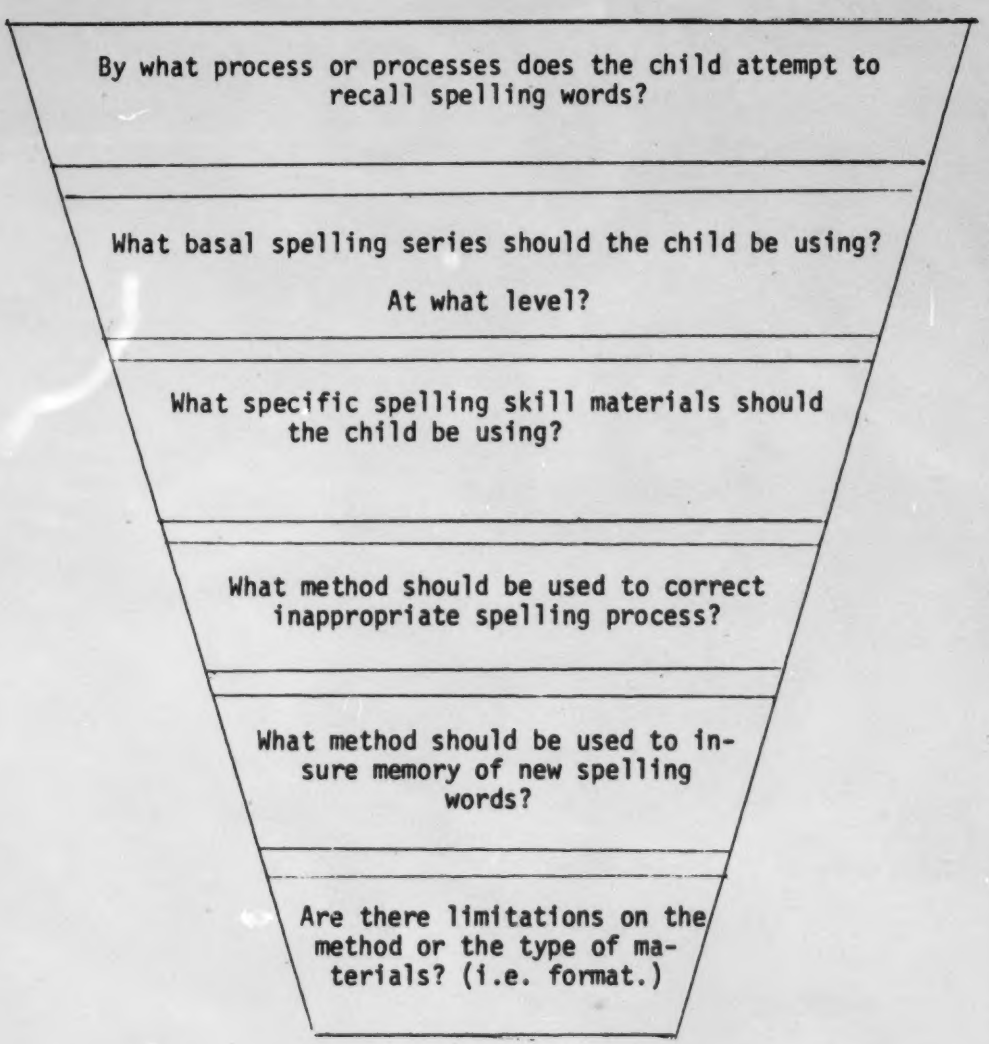

By what process or processes does the child attempt to recall spelling words?
What basal spelling series should the child be using?
At what level?
What specific spelling skill materials should the child be using?
What method should be used to correct inappropriate spelling process?
What method should be used to insure memory of new spelling words?
Are there limitations on the method or the type of materials? (i.e. format.)

Figure - Questions To Guide The Diagnostician In Assessing Spelling Ability.

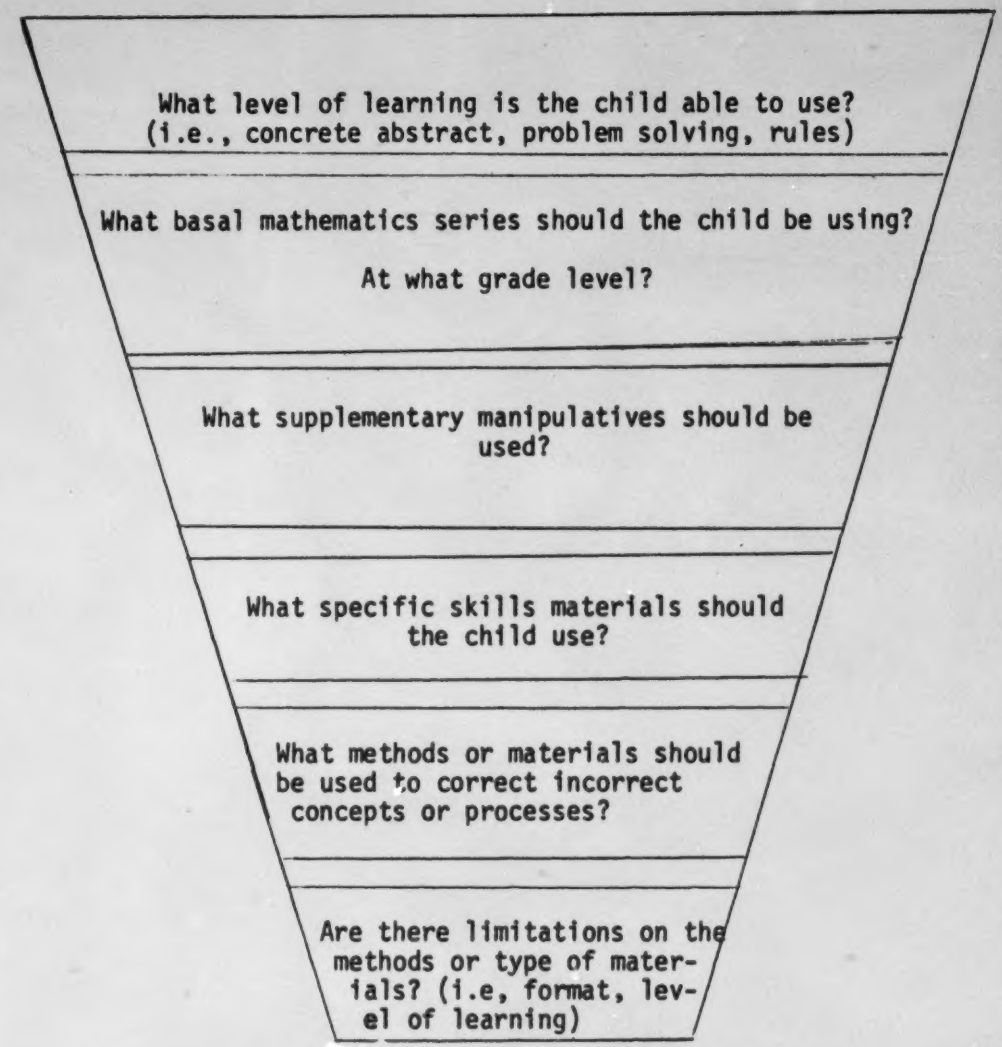

What level of learning is the child able to use? (i.e., concrete abstract, problem solving, rules)
What basal mathematics series should the child be using?
At what grade level?
What supplementary manipulatives should be used?
What specific skills materials should the child use?
What methods or materials should be used to correct incorrect concepts or processes?
Are there limitations on the methods or type of materials? (i.e, format, level of learning)

Figure . Questions To Guide The Diagnostician In Assessing Mathematics Ability.

Some of the tests which are consistently used by our staff are:

Wide Range Achievement Test (Spelling, Math, Reading)
J.F. Jastak, S.W. Bijou, S.R. Jastak
Guidance Association of Delaware, Inc.
1526 Gilpin Avenue
Washington, D.C.

Diagnosis and Treatment of Learning Difficulties (Criterion Math Tests)
L.J. Brueckner and G.L. Bond
Appleton - Century Crofts
New York, New York 1955

Standardized Oral Reading Paragraphs (Reading)
William S. Gray
Helen M. Robinson, editor
Bobbs-Merrill Company

Durrell Analysis of Reading Difficulty
Donald D. Durrell
Published by Harcourt Brace & World, Inc.
C 1955 New York, New York

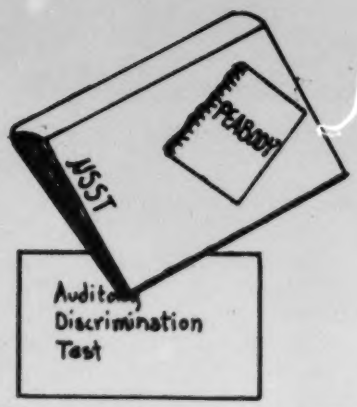
Gates-McKillop Reading Diagnostic Tests
Arthur I. Gates
Anne S. McKillop
Published by Teacher College Press
Teachers College
Columbia University C 1962

SRA Spelling Word Laboratory
Don M. Parker
Frederic R. Wolher
Published by Science Research Associates
259 East Erie Street
Chicago, Illinois 60611 C 1964

The Classroom Reading Inventory
Nicholas J. Silvaroli
William C. Brown Company, Publishers
Dubuque, Iowa C 1969

Key Math
American Guidance Service
Publishers Building
Circle Pines, Minnesota 53014

Woodcock Reading Mastery Tests
American Guidance Service
Publishers Building
Circle Pines, Minnesota 53014



Chapter VI

Assessing Language Needs

The Role of the Speech Pathologist and Audiologist

In evaluating and diagnosing speech, hearing and language disorders in learning disabled children, the clinician views the communication problem as a component of the learning difficulty and strives to make recommendations which will aid the overall functioning of the child in an educational setting. "Communication" (speech, hearing and language) implies interaction with the environment with the organism continually receiving and sending stimuli from his environment. If a child has a deficit in one of these areas, he is either unable to receive the information uninterrupted or may be hampered in expression of what he has received. The child may fail to recognize and correctly interpret the sensations he receives which causes malfunctions in expressing these sensations or ideas about them. This has a direct implication to learning disability: the child is unable to identify objects or pictures, to distinguish colors, differentiate forms, recognize tunes, differentiate sounds or recognize words.

Clinical experience shows that children who have trouble hearing and producing words of two or more syllables display reading and other language problems.

Hypotheses From The Referral Form: Hearing

Frequent ear infections and/or earaches

- The child has chronic nasopharyngeal congestion due to allergies, lowered resistance to respirator infections, or enlarged tonsils and/or adenoids.
- The child has a hearing loss due to serious otitis media (accumulation of fluid in the middle ear).
- There is an accumulation of wax in the ear canal; removal of the wax may bring immediate improvement in hearing.
- The child has inserted an object into the ear; it has become lodged in the outer ear.
- The child's eardrum has been punctured, or has ruptured due to infection.

Frequently requests teacher to repeat

- The child has a hearing loss.
- The child has problems with auditory figure-ground.
- The child has poor auditory memory.
- The child has problems with auditory discrimination.
- The child must depend on speech-reading to supplement auditory clues.

Hypotheses From The Referral Form: Speech and Language

Stutters or stammers

- The child has an organic dysfunction.
- The child suffers from lack of rest or sleep.
- The child is under emotional stress or strain.
- The child is avoiding communication situations.
- The child is embarrassed (self-conscious) when speaking.
- The child has learned to stutter because of reaction to the different of his speech from the norm.
- The child has not been allowed to communicate freely - to complete a message.
- The child thinks faster than he talks.
- The child is fixated at the oral stage.

Difficulty in Producing Sounds Correctly

- The child has a hearing loss and does not monitor his own speech.
- The child has an organic dysfunction that precludes the proper formation of sounds.
- The child exhibits slow physical development.
- The child had a prolonged illness early in his development.
- The child has below-normal intelligence.
- The child is from a silent home.
- There are emotional conflicts in the home.

- The parents think baby-talk is cute.
- The child has no need to talk - he gets everything without verbalizing.
- The parents are deaf.
- The child is reproducing sounds according to an incorrect example (poor speech of parents and/or peers).
- The child is from a culturally different home.
- The child is bilingual and is reproducing one language's sounds with another language's sounds according to spelling combination.
- The child has no playmates his own age.

Difficulty in Expressing Himself in Writing

- The child cannot write.
- The child has not had ample opportunity to express himself in writing.
- The child has figure-ground or perception problems.
- The child does not have sufficient language to express himself.

Difficulty in Expressing Himself Orally

- The child has a speech or hearing problem (unnatural voice, cannot hear questions, etc.)
- The child does not have sufficient language to express his thoughts.
- The child has little opportunity to express himself orally.
- The child is shy and does not enter into discussion unless asked to.
- The child has a poor self concept.
- The child has a voice disorder.
- The child has a syntactical or morphological problem.
- The child has a limited vocabulary.

Difficulty in Understanding Spoken Language

- The child has an auditory dsyfunction resulting from an organic problem.
- The child has an auditory perceptual problem.
- The child has poor auditory discrimination.
- The child does not have the necessary vocabulary to decode the message.

The deaf or hard of hearing child is a poor speech reader.

Processes Followed

Seven areas are assessed by the speech and hearing specialist. They are (1) language (2) articulation (3) voice (4) fluency (5) auditory acuity: peripheral and central (6) auditory discrimination and (7) auditory figure-ground.

Language

The clinician records and analyzes the child's actual use of language in conversation. The following instruments may also be used:

- A modification of Developmental Sentence Scoring (by Laura Lee); using measures such as mean-sentence-length and number and kind of sentences.
- The Peabody Picture Vocabulary Test.
- The Auditory Sequential Memory sub-test of the ITPA and the Memory for Sentences test (by E.M.Spencer). (These tests are used together in order to compare memory for meaningful material and memory for non-meaningful material.)

For a more complete picture, if time allows:

- Northwestern Syntax Screening Test (a test of receptive and expressive syntax and morphology).
- Berry-Talbott Exploration Test of Grammar (a test of morphology).
- Illinois Test of Psycholinguistic Abilities.

Articulation

The ability to discriminate, imitate, and produce sounds is important to overall communicative functioning, including the ability to read.

Articulation of the vowels is accomplished by adjusting the resonance

characteristics of the oral cavity and articulation of the consonants is accomplished by utilizing the articulators to modify the flow of air.

Informal assessment of the child's articulation in spontaneous speech is vital.

Formal instruments include:

The Photo Articulation Test

The Goldman-Fristoe Test of Articulation

For a more thorough assessment, the McDonald Deep Test (a test of the production of problem phonemes in varying phonetic contests).

Upon completion of testing, the errors are analyzed as to type of error (omission, substitution, distortion), location of error (initial, medial, final position) and consistency of error.

In addition, a pattern may emerge which would suggest a particular pathology such as hearing loss, perceptual problem, dyspraxia, or lalling (lazy speech); any of these may be of educational significance.

When an articulatory problem is noted, the oral-peripheral examination is performed to determine whether structural or other organic factors are contributing to the problem.

Voice

Voice quality is assessed informally through observations during active testing and conversation. Pitch, intensity, and quality (including breathiness, hoarseness, nasality and denasality) are noted.

A voice problem must always be referred to a physician to determine whether or not a medical pathology exists.

Fluency

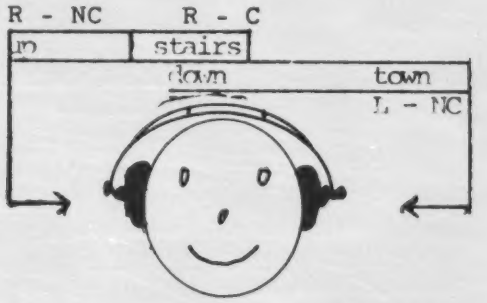
The clinician observes the child while he speaks. Stuttering, chattering, or other prosadic problems are noted. Standardized tests are not used.

Auditory Acuity: Peripheral and Central

The impact of peripheral hearing acuity on the acquisition of language and on learning is widely recognized and the auditory perception and central auditory acuity are being recognized as important. Tests of both areas of auditory ability are used.

The child is tested for peripheral auditory acuity with the basic battery of tests: pure tone threshold testing (both air and bone conduction), speech reception threshold testing and discrimination testing.

- The Staggered Spondaic Word Test (by Jack Katz), a test of central auditory integrity, is used as an indicator or organic dysfunction. The test, which is based on dichotic listening, presents (through earphones) the first syllable of an equally-stressed two-syllable word (a spondaic word) to one ear, while at the same time the second syllable is presented to the other ear:



R - NC = right, non-competing message
R - C = right, competing message
L - NC = left, non-competing message
L - C = left, competing message

- The Wepman Test of Discrimination is used

Auditory Figure-Ground

- The Goldman-Fristoe-Woodcock Test of Auditory Discrimination which has both quiet and noisy sub-tests, is used if a question of figure-ground discrimination ability exists.

The speech and language hearing specialist uses the following tests in making the assessment of children referred to the Center:

Assessment of Children's Language Comprehension (1973)
Rochana Foster, Jane J. Giddan, Jowel Start
Consulting Psychologists Press, Inc.
577 College Avenue
Palo Alto, California 94306

This is a flip-type book that is shown to the child; the examiner marks a response sheet. There is also a form that can be administered to groups.

Auditory Discrimination Test (Revised 1973)
Joseph M. Wepman, Ph.D.
also published by
Joseph M. Wepman
175 E. Delaware
Chicago, Illinois 60611

There is a manual of administration, scoring and interpretation as well as a record form. There are two forms: IA and IIA. The new 1973 test form and scoring standards are completely compatible with the earlier 1958 version. The scoring and adequacy assesment was based on an error score in the earlier version and on the correct score in the present version. The test is an easy-to-administer method of determining the child's ability to recognize the fine differences that exist between the phonemes used in English speech.
Standardization and Interpretation Table includes ages five through eight.

Auditory Memory Span Test (1973)
Joseph M. Wepman and Anne Morency
Language Research Assoc. Inc.
175 E. Delaware Place
Chicago, Ill. 60611

A teacher manual and a record form are provided.
This is a test of a subject's ability to recall single-syllable spoken words in progressively increasing series. The words used are single syllable nouns that were taken from the most frequently used spoken language of 5 year-old children, using the frequency lists compiled by analysis of the spontaneous story telling of 5-6- and 7 year-old children. These are randomly selected and ordered into series of two to six words in length.
In order to reduce the chance factor that a single repretition at each level might produce an artificial span, three trials (with a credit given for each trial) provides a weighted rather than a simple span score.
The words are read with one-half second pauses between each word. Standardization and Interpretation Table is for ages five through eight.

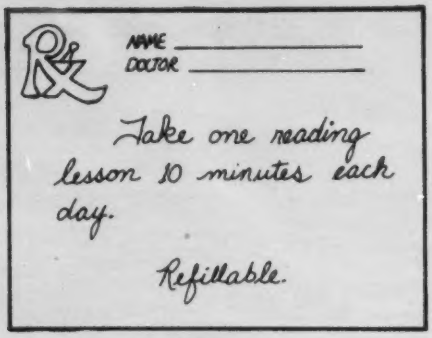
The Auditory Sequential Memory Test (1973)
Joseph M. Wepman and Anne Morency
Language Research Assoc., Inc.
175 E. Delaware Place
Chicago, Ill. 60611

Manual of Administration, Scoring and Interpretation and record forms are provided.
The ability to recall the exact order of an auditory stimulus

is a unique aspect of perceptual auditory memory. The form used in the test is the number of digits a child can repeat immediately after hearing them. Since this test is designed for children. it includes sequences up to and including eight digits. The digits are read at the rate of one per half second and the voice is dropped on the last digit. Standardization and Interpretation Table includes ages five through eight.

Berry-Talbott Language Test--1. Comprehension of Grammar.
Mildred F. Berry, Ph.D.
also published by
Mildred F. Berry, Ph.D.
4332 Pine Crest Road
Rockford, Illinois 61107

This is a flip-type book children look at and record forms are also provided with the test.
This instrument tests morphology and is not dependent upon the child's past experiences. Norms have not been established yet, but this fall (1974) Dr. Berry hopes to work with Dr. Susan Vogel, Barat College, Lake Forest, Illinois, on norms for this test.



Chapter VII

WRITING THE MATERIALS PRESCRIPTION

The instructional materials specialist bases the prescription on the data compiled from the assessment by the team of the psychologist, the educational assessment specialist, the speech and language specialist, and the audiologist. The specialist assumes that the data received is accurate due to the team approach. All known information is complete and clearly stated when received by the specialist.

Children have individual interests and individual needs. The materials specialist works on the assumption that if these needs are met by using the child's learning strengths and by providing materials at the correct level of instruction, learning will take place. The identification of these learning strengths and interests through diagnosis provides the basis for an individualized prescription for learning. This prescription contains recommended methods and materials needed for remediation.

Children learn in different ways. Some children learn better by listening or using the auditory channel. For these children, the specialist chooses curricula that emphasizes auditory skills. Other children may learn better by seeing, or through the visual channel. For these children, materials with visual cues are used. A third group of children might learn easier by tracing, feeling an object, or by moving and then the tactile-kinesthetic approach is used. For these children, sensory-motor materials are recommended.

In order to make an effective individualized prescription, the following information is considered:

1. How old is the child? What is his present grade level?
2. What instructional materials has the child been using in school?
3. What is his natural learning modality? Does he learn visually, auditorily, or tactile-kinesthetically?
4. What is the main method of word attack used in the materials provided at school? (whole word, linguistic or phonics)
5. What are his current academic levels as shown by testing in the Model Center?
6. Is the child in good physical health?
7. Does he have any physical handicaps or impairment of vision or hearing?
8. Does he have difficulty attending to a task or controlling his level of physical activity in the classroom?

After the above items are noted, the materials specialist considers

considers the following factors in matching the readability level of the materials to the reading ability of the child.

What are some things to look for in deciding which materials are appropriate for each type of learner? Listed below are factors to be aware of when evaluating materials:

1. Evaluating reading materials for visual learners
   Is the pring of an appropriate size for the age and visual abilities of the child? Are the illustrations well coordinated with the story? Are the materials consistent with the child's method of word attach?

2. Evaluating reading materials for children who learn better through handling manipulative materials:
   Is the type of printing consistent with other type pring that the child is expected to read in other materials he is using? (word wheels, dice with words on them or individual sets of word cards?)

   In a multi-sensory approach such as the Fernald method, are the words of sufficient size to insure that the child can form a kinesthetic image? (Fernald, 1943)

3. Evaluating reading materials for auditory learners:
   If the materials are coordinated (a record and a book) does the printed material follow exactly to the record and are there clear signals? Are the materials presented at a rate appropriate to the child's reading ability? If the pace is too slow the child may become bored, or if it is too fast, he may not be able to keep up.

In choosing mathematics materials these factors are considered:

1. Evaluating mathematic materials for visual learners:
   Are the directions clear and easy to follow? Does the sequence of skills progress from easy tasks to harder ones? Are the mathematic tasks separated from the reading? Are there sufficient review exercises to insure retention of material? Ar the problems well spaced on the page and easy for the child to follow? Are the problems presented in a consistent format? (_ + 2 = 5, + 3 = 5) instead of 2+ =5 and 2+3 = appearing on the same page?

2. Evaluating mathematic materials for a child whose best modality is tactile-kinesthetic (manipulative).
   Are the manipulative materials an appropriate size for the child to handle? Is the child's fine motor coordination and spatial perception sufficiently developed to allow satisfactory completion of the task?

Note: this consideration is of special importance in activities such as frame tracing and shape sorting.

3. Evaluating mathematic materials for a child whose learning strength is auditory.
Is the voice and/or musical quality of the record, tape or oral presentation of appropriate pitch, tone and quality? if the child is being asked to solve problems is adequate time given to solve them before presentation of the next item? Is there adequate feedback provided to allow the child to correct his work if necessary?

If the prescription is correlated with the learning level of the child and careful thought and consideration is given to each child as an individual, the prescription will be successful and the efficacy of this prescription can be measured in the academic growth of the child.

In order to communicate the information needed to select effective materials the diagnostic staff uses a form titled Diagnostic Data.

The Diagnostic Data form is used by the school psychologist and the learning specialist to communicate with the materials specialist. The Prescription form is used by the instructional materials specialist to recommend materials appropriate to the child's needs. The Diagnostic Data is based on (1) referral information, (2) observations, and (3) formal tests. The form is then given to the materials specialist. Then this person completes the Prescription form and returns it to the person responsible for writing the report. Copies of these forms are included in this chapter.

Also, the reader will find examples of the diagnostic data and the prescriptions given for three children.

Specific prescriptions are included along with the design information used to make the recommendations. A rationale is given by the instructional materials specialist to support each recommendation. The information on the prescription form is then included in the report sent to the school and the parents.

The center staff make use of the Prescriptive Materials Retrieval System, SEIMC Catalogs, and several reference books. They are:

Blanco, Ralph F. Prescriptions for Children With Learning and Adjustment Problems, Springfiled, Ill, cc Thomas, 1972

Gilliland, Hap; Materials for Remedial Reading, Montana Reading Publications, Billings, Montana, c 1972

Spache, Geo. D., Readability Levels of Basal Series

Wallace, Gerald and James M. Kauffman, Teaching Children With Learning Problems, Columbus, Ohio, Charles E. Merrill Publishing Co. c 1973.

In the Appendices, the reader will find lists of materials. These are samples of the types of lists we have found helpful to include in our reports. We use a marking pen to highlight the materials which would be most appropriate.

DIAGNOSTIC DATA

Pertinent History

Name
Chronological Age.
Actual Grade
Has child been retained? Skipped_____

Information from the School

What materials is the child using in school?

In Reading: Grade Level_____

In Math: _____

In Spelling: _____

In Handwriting: _____

Educational Assessment(Results of testing in Center)

Reading Grade Level_____

Method of Word Attack

Word Recognition Level _____

Comprehension Level _____

Spelling _____

Math _____

Physical Handicaps

Learning Disabilities

Social Behavior

Emotional Behavior

Preferred Learning Modality

Main Interests and/or Hobbies

PRESCRIPTION	RATIONALE
Reading:	
Basal	
Skills	
Math	
Spelling	
Handwriting	
Science	

Supplementary materials correlated to reading level

Diagnostic Data - Case Number 1

Pertinent History

Name Nan Doe
Chronological Age 18-11
Actual Grade 12
Has child been retained? Yes Skipped _____

Information from the School

What materials is the child using in school? None

In Reading: Library aide Grade Level _____
In Math: _____
In Spelling: _____
In Handwriting: _____

Educational Assessment (Results of testing in Center)

Reading Grade Level 3+

Method of Word Attack: Whole word
Word Recognition Level 7.0
Comprehension Level - some questions here - may do better silently. 3.0
Spelling 5.0
Math 2.0

Physical Handicaps

Wears glasses

Learning Disabilities

Extreme problem with word retrieval/poor memory/ poor language syntax.

Social Behavior

Prefers young children

Emotional Behavior

Needs recognition

Preferred Learning Modality

Learn by doing and visual

Main Interests and/or Hobbies

Cooking and crocheting

Prescriptions - Case Number 1

PRESCRIPTION	RATIONALE
Reading: Basal Byron E. Chapman, author Mott Basal Language Program 1. Comprehension Series 2. Word Bank	1. Nan is almost 19 but reading at 3+ grade level. It is imperative to choose material that appeals to her age interests but that is at her reading level. The Mott Basic Language Program is designed for high school or adults whose readability level is below grade 6. 2. The Mott Basal Language Program is a whole word method and Ann uses a whole word reading approach.
Skills Math Mott Basal Language Program Basic numbers and money	
Spelling	
Handwriting	
Science	

Supplementary materials correlated to reading level

Arrow Book of Nurses Getting a Job Florence Randell, et al Pacemaker Books Fearon Publishing Co. Grade 4-5 readability adult interest	Vocational material - good caliber of guidance material. Ann is going to have to be trained for employment as she is not college material. Material chosen for her will be related to careers and homemaking skills.
Planning Meals and Shopping Ann A. Weaver Fearon Publishing Co. Grade 4+ readability, adult interest	Nan is now working as a library aide. These books would help her with her work and fit in with career education opportunities.
A Guidebook for Teaching Library Skills-Book one to four by Margaret V. Beck and Vera M. Pace	

Diagnostic Data - Case Number 2

Pertinent History

Name John Doe
Chronological Age 8-9
Actual Grade 2
Has child been retained? Yes Skipped _____

Information from the School

What materials is the child using in school?

In Reading: Distar I + Alpha + Sullivan Grade Level pre-primer
In Math: Silver Burdett 2nd
In Spelling: Orally can do some 2nd grade 1st
In Handwriting: words _____

Educational Assessment (Results of testing in Center)

Reading Grade Level primer

Method of Word Attack: Whole word
Word Recognition Level 1.8
Comprehension Level 1.5

Spelling 1.5
Math 1.9

Physical Handicaps

Mild-moderate hearing loss

Learning Disabilities

Poor receptive vocabulary-reversals/poor long term memory

Social Behavior

Okay

Emotional Behavior

Cope with sister's success - needs recognition - poor self-concept

Preferred Learning Modality

Visual/needs overlearning

Main Interests and/or Hobbies

Sports

Prescriptions - Case Number 2

PRESCRIPTION	RATIONALE
Reading: Basal	John cannot discriminate auditorily due to a hearing loss. He needs to use a whole word approach since he cannot distinguish individual sounds.
Houghton Mifflin Reading for Meaning Series Primer level "Jack and Janet"	
Skills	
Math	
Addison-Wesley, Level I	John needs a great deal of overlearning. The sequencing of skills in this book is repetitious. The directions given for learning new words and the techniques used in teaching spelling are of special segnificance.
Spelling	
Grace Fernald's - Technique for Teaching Spelling	
Handwriting	
Book B - Level 2-Read it Yourself	The Macmillan series has some science material that has little reading and many illustrated experiments.
Science	
McMillan Reading "R" Series Language Program with Science Material	
Supplementary materials corrected to reading level	
Development of Self and Others (DUSO) American Guidance Service Monster Series - Bowmar Publishers Cowboy Sam - Benefic Press Cowboy Sam and Miss Lilly	This is excellent material for self-concept. High motivational materials.
Professional and/or Resource Book	
Remedial Techniques in Basic Skill Subjects by Grace Fernald, 1973, McGraw Hill.	

Diagnostic Data - Case Number 3

Pertinent History

Name Jimmy Doe
Chronological Age 10-11-18
Actual Grade 4
Has child been retained? Yes Skipped _____

Information from the School

What materials is the child using in school?

In Reading: Merrill - 1	Grade Level	Book 1
In Math:		Grade 3
In Spelling: Dolch - primer level		1st
In Handwriting: Good cursive writer		

Educational Assessment (Results of testing in Center)

Reading	Grade Level	1st
Method of Word Attack: Whole word		
Word Recognition Level		2.1
Comprehension Level		1+
Spelling		2.0
Math		4.2

Physical Handicaps

None

Learning Disabilities

Very poor auditory discrimination; word retrieval is difficult

Social Behavior

Teasing - fighting

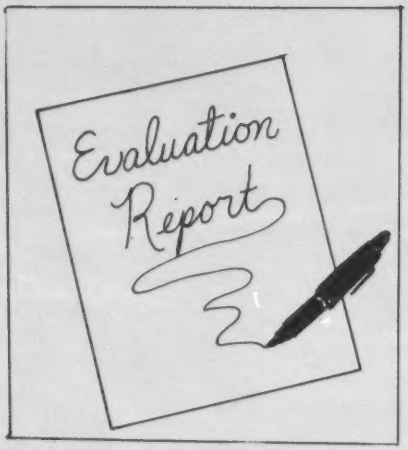
Emotional Behavior

Avoidance - off-task

Preferred Learning Modality	Main Interests and/or Hobbies
Visual	Art, engines, science

Prescriptions - Case Number 3

PRESCRIPTION	RATIONALE
Reading: Basal	1. To utilize a whole word method of word attack 2. To improve his expressive vocabulary
Macmillan Reading Program Series "R" Whole word - language Being Me	
Skills	
Math - No recommendation is needed - Jimmy is at grade level in math.	
Spelling	
Follett Publishing Co. Patterns in Spelling and Writing - Level I	1. Whole word approach that correlates with the reading approach.
Handwriting - No recommendations - continues on program.	
Science	
Ranger Rick's Best Friends National Wildlife Federation Learning disability: No recommendation	Motivational-outstanding photographs and art work. NOT TO BE DEALT WITH BECAUSE THE STUDENT IS AGE 11.
Supplementary materials correlated to reading level	
Readers Digest Skill Builders Published by Readers Digest Level I Scholastic's Individualized Reading Books	Motivational whole word materials - to capitalize on his interest in science



Chapter VIII

Writing the Report

A written report at best can be helpful to a learning disabled child. Often however they are not filed where it would be used most conveniently by the staff with the primary responsibility for the child's learning. The reports often are arbitrary and critical thus no one wants to repond to an authoritarian thrust or to be considered inadequate as a teacher. The reports often dwell on the diagnosis and use almost no space in making recommendations for the child. The reason for the report is generally to make specific recommendations as to what needs to be done to help this child learn.

The difficulty of writing a report is often one does not (cannot) know who might be the recipient. Another dilemmma is the necessity of writing a single report to be submitted to both professionals and parents. This is however welcome as the parents have often been shortchanged in being properly informed about the status of their children. This gives the parents an opportunity to know what is being recommended for their child and for the school personnel to know what is being recommended as a remedial course of action for the parents.

The report should include the essence of all of the information known about this child, past and present, that is relevant to the child's learning problem. It should include the following:

identification data
- name
- parent's name
- birthdate
- chronological age
- school
- evaluation date

referral
- who referred the child
- why the child was referred
- what methods, materials have been attempted with this child
- what is the objective in referring this child

history
- birth
- developmental
- medical
- educational
- family - including social history of the child

previous study
- psychometrics
- educational check points - include grade placement level at the time, tests given and results usually in grade equivalents

present study
- speech and hearing
- educational evaluation
- psychological evaluation
- names of tests given
- results (quantitative)
- observations - qualitative

summary
- discussion of cognitive abilities
- discussion of affective adjustment
- discussion of educational success
- discussion of communication skills - include speech, language and hearing
- discussion of possible etiology

recommendations
school
- the best method for reading, spelling or arithmetic
- the best material to be used for the child
- the psychological climate that seems best for the child

home
- needs of the child
- how best to meet these needs
- the best psychological climate for this child's learning

The following is an example of how a case report might be written:

EDUCATION EVALUATION CENTER
LEARNING DISABILITIES
OREGON COLLEGE OF EDUCATION
Monmouth, Oregon 97361

Name: John Doe
Age: 11-5
Birthdate: 8/26/63
Exam: 2/24/75
Date: 3/6/75

Referral

The mother wished this child to be seen at the evaluation center and the school provided information about his school work. He is in the 5th grade and not doing well according to his parents and Mr. Jones, his teacher. He appears to be down in all his academic areas. He seems to to have poor motor coordination in the lower extremities. He appears to be shy with considerable daydreaming in class; he has difficulty expressing himself in writing and orally. His attention span appears to be limited.

History

Both parents brought this child to the center and gave the history. The pregnancy and birth history were normal, although he was a large baby and the delivery was difficult. His walking was delayed until 19 months but he walked very well which, according to the parents, they believe he "practiced" before walking in front of the family. This seems to be a pattern for this child as he wouldn't feed himself, it appeared, until he could do it right. He was slow initiating speech and when he was asked to say "da-da" he would say "ma-ma" and apprently the reverse was true. On occasion as an infant his own voice would frighten him. His motor coordination appears to be pretty normal, as the parents put it, from the waist up. Below his waist his coordination appears to be poor.

Medically, John has had a bacterial allergy which seems to be better now. He would have fevers and couldn't eat or drink. On at least one occasion it was necessary to rub him with alcohol to reduce this temperature. He has had many of the communicable diseases with no apparent complications. He has had ear infections with a hearing loss.

The parents feel that they may do too much for this child thus he may not function unless supervised. They are particularly concerned about his lifelong fear of new situations and his general inflexibility. He will "work" two or three hours an evening to do what the mother feels should take 20 minutes. He is not a competitive child. He likes school. He has stated he dislikes the Sullivan program with workbooks but likes S.R.A. He has recently been moved to a smaller class.

Previous Study

Apparently only group intelligence tests have been administered.

These were considered to be normal.

Present Study

Dr. Bonnie Young determined his academic functioning; Karen Swanson conducted the speech, hearing and language study and this examiner pursued the psychological study.

Speech-Language-Hearing

His voice was denasal on sounds of m,n and z. He may have had a modest cold.

He has a modest hearing loss in both ears. It is greater in his left ear. This might be an accumulation of wax or a return of a middle ear infection. There is a slight loss at 500 and 1000 frequencies in the right ear. Bone conduction was normal. The above losses are relevant to his disability observed in auditory discrimination. According to the Wepman Auditory Discrimination Test he has difficulty discriminating (v) (th) and (e) (i) and (f) (th). His auditory memory for both digits and sentences was very poor. The Staggered Spondaic Word Test was normal.

Academic

According to the Wide Range Achievement Test John recognizes words at a 4.1 grade level. His spelling is at a 3.2 grade level and his arithmetic skills are at a 4.5 grade level. The Silvaroli Classroom Reading Inventory revealed an instructional reading level at 4th grade. John could, however, comprehend material at a 5th grade level although with some difficulty.

Psychological

The Wechsler Intelligence Scale for Children-Revised revealed normal mental ability with his lowest areas being those involving sustained attention both visually and auditorially. Every other faculty seemed to be normal or better.

He was not found to be slow moving, in fact he received several time credits on block design and picture arrangement. It was observed however, that when he wasn't structured or supervised he did very little. This is why this child is not productive when he does not receive individual help or supervision. While it may only be his inability to attend, he made several auditory reversals. These were present not only on digit span but in other areas as well. For example, he interpreted 72, that was given to him orally, as 27, and tried to solve the problem using the wrong number in arithmetic. He heard donkey, wanted to call it dorkey. He heard why and said when.

John appears to be rather inflexible in his thought process. It is difficult for him to handle two variables such as shape and color. He

would get the shape (block design) and miss the color. The return of the blocks to the box suggests he is a child who wants things in order, this might explain why it takes him so long to do tasks like writing.

The Peabody Picture Vocabulary Test revealed normal receptive vocabulary ability. The Raven Progressive Matrices also revealed normal mental ability.

John worked diligently and was cooperative throughout the evaluation.

Summary

Mental Ability- Normal although he has great difficulty attending and/or remembering visual and auditory stimuli for short periods of time. He seems to respond well in a man-to-man situation. He appears to be normal or above in every other faculty measured.

Speech & Hearing- He has a modest loss in his right ear and a greater loss in his left ear. His auditory disability and his hypernasality could be relevant to this difficulty.

Academic- He lacks skill in the meanings of words but with some difficulty can comprehend at a 5th grade equivalent level. His instructional level in reading is 4th grade. His spelling is at the 3.2 level while his math is 4.5.

Recommendations

In view of what appears to be difficulties in attending (paying attention) and sustaining this attention this child hasn't done too badly academically.

School- For reading, spelling and language improvement the following materials and methods are recommended:

The SRA program should be continued
The Dolch sight words
3rd Level Patterns of Language - American Book Co.
3rd Level Patterns in Spelling and Writing - Follett and Co.

He needs to develop his understanding of words. Perhaps informal discussions about words and their meaning and use will help him with context cues and choosing alternate words as possibilities. The whole word and configuration method seems the best approach as his visual motor skills are pretty well intact. As his vocabulary and language skills improve he will comprehend even better what he reads. Phonics as an approach to reading or spelling seems inappropriate for John because of his hearing loss. The Kottmeyer Spelling program then shouldn't be used with him. Other materials are:

SRA Program - Language Arts Program
SRA Reading Laboratory
SRA Kit - Word Games

Patterns of Language (State Adopted 1975)
Publisher - American Book Co.
Format - Workbook/ Teachers Edition and Focus Tests

Spelling for Word Mastery - Charles E. Merrill (State Adopted)

John is interested in things related to mechanics, or of a mechanical nature. The following list of books might be of interest to him:

The True Book of Bridges, Childrens Press, Chicago
The True Book of Magnets and Electricity, Childrens Press, Chicago
The True Book of More Science Experiments, Childrens Press, Chicago
The True Book of Tools for Building, Childrens Press, Chicago
The True Book of Toys at Work, Childrens Press, Chicago

Readers Digest Science Reader, Readers Digest Services, c 1961

Supplemental Reading

Series R - The New MacMillan Reading Program, The Moonball

Contracting with John (negotiating how many problems he can do in a certain length of time) may be helpful with appropriate rewards (free time- right to be a monitor, etc.) He tends to make reversals both auditorially and visually. He can be aided somewhat by the use of a 3 x 5 card with a slot cut out in it. The word to be read will appear through the slot. An arrow pointing to the right should be drawn on the left side of the slot and his name should be on the top of the card so he won't get the card, thus the direction, going the wrong way.

John is interested in mechanical things. The list above should be considered as possibilities for him. Perhaps a way of building up his confidence would be to have him build, present and/or display some mechanical principle learned from the above books to the class. He needs confidence in himself before he can exert any effort with the risk of failing. Because he desires perfection reducing the number of problems to be done may be helpful in taking some of the pressure off. Home assignments must be short for now as this child cannot spend 2 or 3 hours glued to a chair each evening.

Of prime importance is to be sure that he really is working at the task when his head is in a working position. Sometimes children get the physical stance of working but are in fact, daydreaming. Sitting where the teacher spends much of her time should help him be sure he knows what to do (hearing loss) and to keep him on task. It may be necessary to continue to overstructure him for awhile. By contracting he may become emancipated from his necessity of this supervision.

Home - The parents would want to be sure that they are not overprotecting him, i.e., not allowing him to do things for himself and the family which he is capable of doing by himself. A child often interprets this as, "They don't think I can do anything so I won't or can't". Place him in situations of trust and expect him to do it. He will feel better for having done it. Encourage him to increase his attention by increasing the number of tasks to be carried out such as empty the garbage and feed the dog. Have him repeat orally what he's going to do. Then increase the tasks to be remembered. The use of word games at home may help him develop better knowledge about words and interest in them.

Please let us know how things are going in about a month.

He needs to have a physician see him about his hearing problem.

Thomas D. Rowland, Director
Education Evaluation Center

The following is a check list of things to consider when writing a report:

- Omit unnecessary words.
- Compress ideas into short effective sentences.
- Avoid the personal pronoun I.
- Use effective language, not "shop talk" known only to specialists.
- Omit unnecessary display of clinical and statistical terms.
- Make reports objective but not necessarily research oriented.
- Do not try to impress. (Of what value are your statements to parents, teachers, and other specialists?) If a clinician really understands what he is attempting to express, technical language is unnecessary.

Focus

- Is your report child oriented?
- Does the report accomplish its mission?
- Is your report of value as a record for future reference?
- Have you interpreted your data and presented your findings in terms of implications for treatment?
- Have you avoided "shotgun" diagnosis? (Too broad & general to be helpful?)
- Is your treatment directed to the child under consideration? (Did you get off target during the write-up?)
- Does your report apply to a specific child and not to all children with a reading problem? (Specific prescription for a unique learner?)
- Do you present the child as a unified whole as opposed to a collection of parts? (Do you see learning and adequate functioning coming from the successful integration of many experiences in life?)

Content

- Is your report consistent?
- Does your suggested treatment reflect confidence in the diagnosis?
- Does your report contain only relevant material?
- Have you eliminated raw and uninterpreted data from your report?
- Is nontest information used in your report? Document sources?
- Are your conclusions adequately supported?
- In your diagnosis have you drawn inferences you are qualified to make?
- Does your report contain only as much detail as necessary?
- Is the content of your report based upon, and designed to support, a particular school of thought? (Early identification & intervention.)

Style

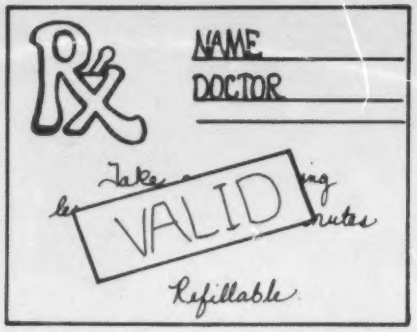
- Does your report avoid irritating the reader?
- Have you used words for effect? (Good-Bad?)
- Have you avoided making the tone of the report defensive, etc.?
- Is the report of adequate length?
- Is the tone of your report authoritative?
- Is the tone of your report academic?
- Is the tone of your report oriented to a particular school of thought?
- Is the report written in a simple, matter-of-fact manner?

- Do you vary the form and organization of your reports?
- Is your statement of diagnosis short, simple, and direct?
- Have you avoided writing in the first person?

Clarity

- Is your report comprehensible?
- Is your report compatible with the background of your readers?
- Have you eliminated all ambiguous words? (normal, average, etc.)
- Have you avoided specialized and technical terminology? (or defined it?)
- Have you labeled your inferences?
- Have you refrained from using statements likely to be misinterpreted? (Joe is a slow learner.)
- Does your report clearly express your ideas and conclusions?

These are some considerations for report writing. Many will not apply depending upon the person you are writing the report for. Most of these should be considered when writing for parents. A Ph.D. would not be bothered by technical language, if it is in his specialty area. Tailor your report for your reader. You will have a much greater impact and effect much more change for a student in need of help by writing an effective report.



Chapter IX

Validating The Prescription

No one knows if the diagnosis is accurate, or if the prescription will be effective until some data is collected to validate the prescription. If the child does not respond appropriately at home or at school, the staff will reexamine the data and try a different prescription.

Five methods of validating the prescription are used at the Oregon Model Center for Learning Disabilities. These are:

- Questionnaire Survey
- Rate of Acquisition
- Grade Scores
- Criterion Referenced Test Performance
- Behavior Count Method

Questionnaire Survey Method

Two questionnaires are used by the Oregon Model Center staff to assess the reactions of parents and teachers about the effectiveness of the prescriptions. The questionnaires are open-ended in order to elicit responses without suggesting the answers. These questionnaires are sent each spring to a sample of the population served. Samples of the questionnaire are included.

The data should be reported in percentage figures and may be graphically displayed by a circle and proportions of a circle. The following example is taken from the 1974-75 data of the Oregon Model Center program.

Rate of Acquisition Method

The most dramatic method for reporting a child's academic progress after a period of remedial treatment is the Rate of Acquisition Method. This method compares the rate at which the child acquired his academic grade levels before treatment to the rate at which he acquired them during the treatment period.

For example, John, a tenth grader, was reading at 5.0 grade level at the beginning of treatment and had achieved a grade level of 7.5 at the end of six months of treatment. The gain was 2.5 grade levels in six months time. This gain seems impressive, but when one considers the newly acquired rate of acquisition, the results are even more evident.

To figure the rate of acquisition before treatment, you will need to know (1) the number of years the student has completed in school, and (2) the student's reading level (in years and tenths of a year) at the

EDUCATION EVALUATION CENTER
LEARNING DISABILITIES

Oregon College of Education
Monmouth,Oregon 97361

Child:
Parents:
Teacher:
School:

SCHOOL FOLLOW-UP EVALUATION

1. Did you receive a copy of the report? Yes( ) No ( )
   Where is the report filed?

2. What questions or comments do you have about the report?

3. What new insights or information about the child did you gain from the report?

4. Which of the academic, behavior, or social recommendations have you tried with the child at school?

5. As a result of using the recommendations, what changes have you observed in the child?

6. Which recommendations were tried but found not to be helpful? Why?

7. What prevented the implementation of other recommendations? (methods? Materials? Other?)

8. Have any formal tests been given recently to support that the child has made academic growth? What were the results?

9. What evidence do you have that the report has been helpful to the child's parents?

10. What further questions or recommendations do you have for the Education Evaluation Center?

Education Evaluation Center
Learning Disabilities

Oregon College of Education
Monmouth, Oregon 97361

Child:
Parents:
Teacher:
School:

PARENT FOLLOW-UP EVALUATION

1. Did you receive a copy of the report? yes ( ) No ( )

2. What questions or comments do you have about the report?

3. What new insights or information about your child did you gain from the report?

4. Which of the academic, behavior, or social recommendations have you tried with your child in your home?

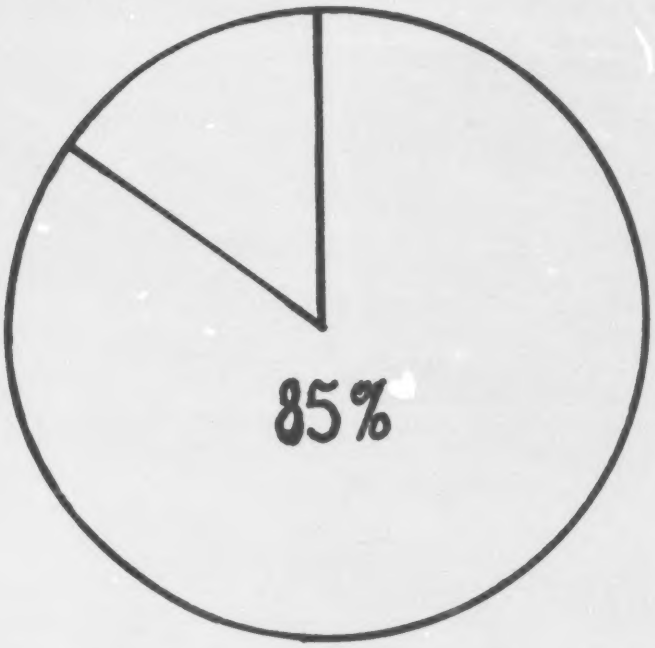
5. As a result of using the recommendations, what changes have you observed in your child?

6. Which recommendations were tried but found not to be helpful? Why?

7. What evidence do you have that the report has been helpful to your child's teacher (s)?

8. What further questions or recommendations do you have for the Evaluation Center?

SCHOOL FOLLOW-UP EVALUATION SUMMARY



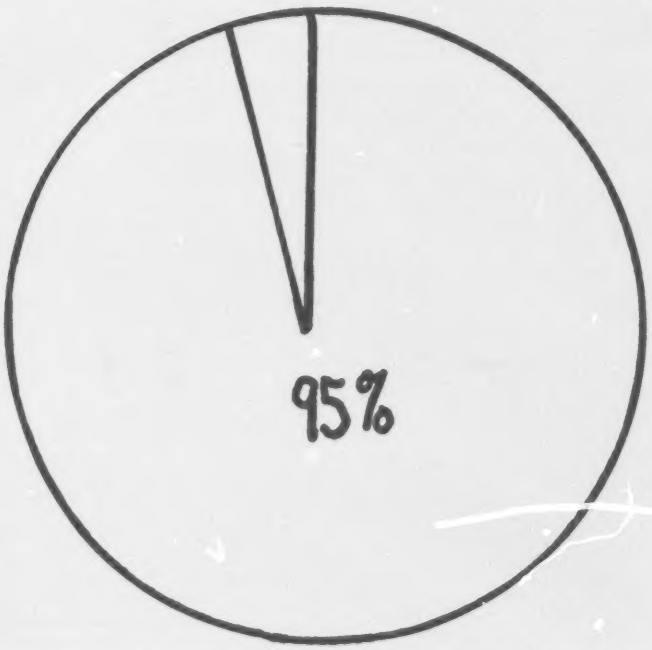
Percent of respondents who implemented some of the recommendations.

Percent of respondents who observed changes in the academic and/or behavioral social behaviors of the child.

Figure 6

PARENT FOLLOW-UP EVALUATION SUMMARY

Percent of respondents who implemented some parts of the recommendations.



Percent of respondents who observed changes in academic/behavioral social behavior.

time you began treatment. The formula is:

$$\text{\# years in school} \;\overline{)\;\text{reading level}}^{\;\text{rate of acquisition}}$$

Example:

John had completed ten years of school, and scored 5.0 grade level in reading before treatment.

$$10\overline{)\;5.0}^{\;.5}$$

His rate of acquisition before treatment was .5 grade level per year. In other words, John gained 6 months in reading for each year he was in school.

To figure the rate of acquisition during treatment, you will need to know (1) the number of years or tenths of a year you provided treatment and (2) the reading level gain at the end of the treatment period. The formula is:

$$\text{\# years you provided treatment} \;\overline{)\;\text{reading level gain at end of treatment}}^{\;\text{rate of acquisition during treatment}}$$

Example:

John was provided remedial instruction for six months, (.5 of a year). He now reads at 7.5 grade level. His reading level gain was 2.5 grades.

$$.5\overline{)\;2.5}^{\;5.}$$

His rate of acquisition was now 5.0 grades per year.

To figure the percentage gain, you will need to know (1) the pre-treatment rate, and (2) the treatment rate. The formula is:

$$\text{pre-treatment rate}\;\overline{)\;\text{treatment rate}}^{\;\text{times increase}}$$

Example:

John's pre-treatment rate was .5 grade per year. His treatment rate was 5.0 grades per year.

$$.5\overline{)\;5.0}^{\;10.} = 10 \text{ times increase}$$

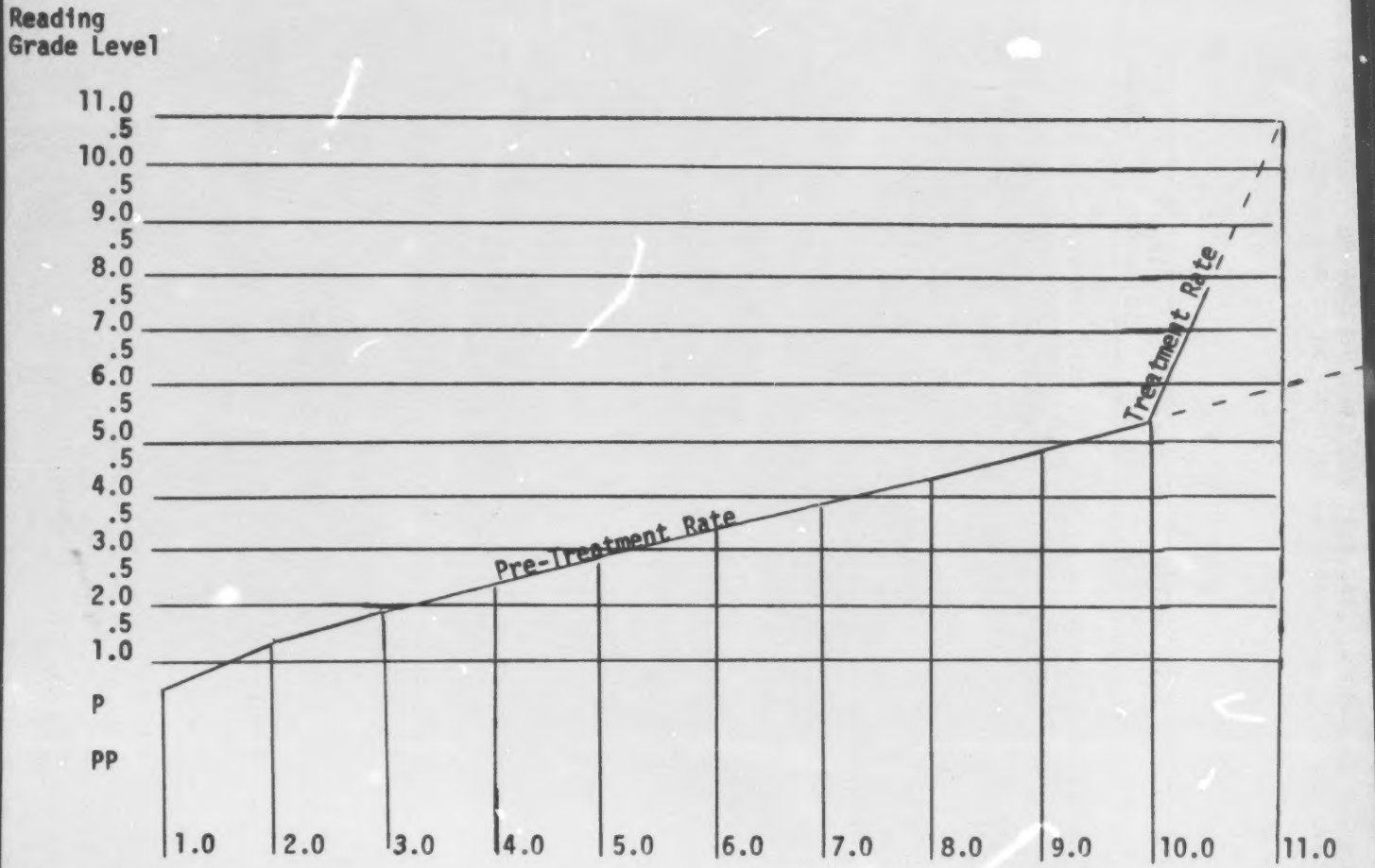


Figure A comparison of the pre-treatment and treatment rate of acquiring reading skills in a tenth grade boy.

A 10 x gain equals 1,000 percent. One would expect 100% without treatment, therefore subtract 100% from the 1,000% and the remainder represent the percent gain or 900% increase.

Graphically, this student's progress could be displayed by an expected rate of acquisition line. See Figure on page .

The rate of acquisition method of reporting progress may be used with any academic subject for which you can report a grade score.

It may also be useful to project the possible rate of acquisition if no treatment had occurred, and if the treatment continued. This is represented by a dotted line on Figure)

Grade Scores Method

The most popular method for reporting pupil progress is the Grade Scores Method. This method compares the student's achievement level at the beginning of the instruction period with his grade level at the end of an instruction period. The formula is:

achievement level at end of instruction

– achievement level at beginning of instruction

grade level gain during instruction

For example:

> John, a tenth grader, read at 5.0 grade level at the beginning of instruction, and at 7.5 grade level at the end of six months' instruction. The gain would be 2.5 grade levels in six months, or a rate of 5.0 grade levels in twelve months.

Graphically, this growth could be displayed as shown in Figure on page .

The increase may also be shown in a table:

Student	Beginning Level	Ending Level	(6 mos.) Loss or Gain	Yearly Projection
Johnny	5.0	7.5	2.5	5.0 per year
Jimmy	4.5	5.3	-.8	1.6 per year

If scores are to be reported in grade levels, a few cautions are to be observed. Be certain that the same test is used in the pre-test and the post-test. If an alternate form of the same test is available, use it. Tests, even though they purport to measure a certain ability, may not be constructed in the same manner, and may require different prerequisite skills.

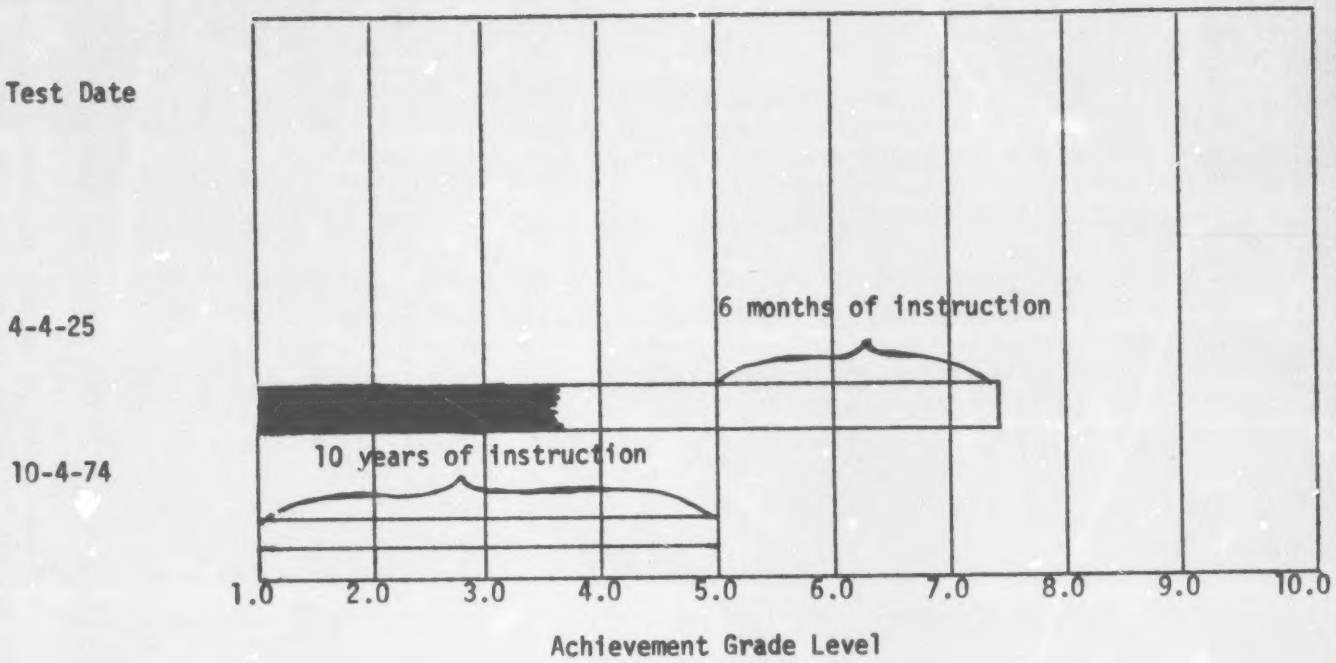


Figure Grade Level Gain of 2.5 During a Period of Instruction.

Second, if the test has several subtests, do not add the subtest gains in order to report the number of months progress. Each subtest gain must be reported separately. For example, the Gates-MacGinitie Test has three subtests: (1) speed and accuracy, (2) vocabulary, and (3) comprehension. The gain in vocabulary should not be added to the gain in comprehension, and speed and accuracy. It should be reported as a gain in vocabulary only, and the other scores should be reported separ tely.

Criterion Referenced Test Performance

Criterion Test Scores provide a list of items that the child cannot perform successfully at the time of diagnosis. These are then compared with the child's performance on the same test items after a period of instruction. For example, an alphabet list which the child looks at and names the letters would be a criterion test of 26 items. A Dolch Word List would be a criterion referenced list of 220 items. The child's performance on these lists would be compared before and after treatment.

The report on a child's progress on a criterion-referenced test might look like this:

Letter Names	Oct. '74 Pre-Test	May '75 Post-Test
A	Yes	Yes
B	No	Yes
C	No	Yes
D	No	Yes
E	No	Yes
F	No	Yes
G	No	Yes

Figure . Naming Sounds of Letters.

The Behavior Count Method

The behavior Count Method demonstrates the progress made in a single academic skill or social behavior. It is a product of behavioral psychology and the movement toward individualizing instruction.

The behavior count method consists of four steps:

1. Pinpoint a specific behavior.
2. Count the number of times the behavior occurs.
3. Record the amount of time you observed (optional step).
4. Plot the progress on a chart.

The first step is to identify one behavior to count. The Center staff and the classroom teacher discuss which behaviors are most likely to demonstrate (1) that the child is learning or (2) that the social behavior is improving. A few, two or three, key behaviors are adequate indicators. If this method is used, our staff will usually identify one academic behavior and one social behavior as progress indicators.

1. Pinpoint a Specific Behavior

Academic behaviors can be "single" skills such as:

Saying the names of the alphabet letters,

Saying the sounds of the alphabet letters,

Writing the numbers from 1 to 10,

Reading words that end in a silent "e".

Or they can be "groups" of skills such as:

pages read in a basal reader

pages completed in a math workbook

basic Math Fact problems completed

Social behaviors may also be either isolated behaviors or groups of behaviors. Examples of "isolated" behaviors are:

out-of-seat needlessly,

talking without permission,

hitting others,

asking questions unrelated to the topic,

Groups of behaviors might be:

withdrawal behaviors,

following instructions,

negative actions,

interaction with others.

2. Count the Number of Times the Behavior Occurs

Counting the occurrence of the behavior requires someone's vigilence for a specified amount of time. The observer must have a clear definition of the behavior in mind. He must know when it begins and when it ends. The entire movement is a count of one. If the classroom teacher cannot find time, perhaps an aide, a volunteer, or another student may assist.

3. Record the Amount of Time You Observed (Optional step)

The longer the time sample, the more accurate the data will be. The staff must decide how often the behavior is likely to occur and how much time should be devoted to the sampling. Our experience has indicated that a two minute sampling of academic behavior and a ten minute sampling of social behavior is adequate if taken for several days as a pre-teaching data base and as post-teaching data to indicate achievement.

4. Plot the Progress on a Chart

If rate data is to be collected, the six cycle graph paper may be the most dramatic way to display growth.

See the Council of Exceptional Children publication titled "Something Else Kind of Thing" for an explanation of precision charting. When using rate data, one should remember that there are two ways to move the rate dot higher on the chart. One is to say the same number of sounds faster, the other is to say more sounds in the same amount of time. The teacher must be certain that the method of collecting the data will reflect the educational goal for the child.

APPENDIX A

READING MATERIALS

Knowledge about instructional materials is vital to the specialists who conduct the educational assessment and write the prescription. For example, the learning specialist looks at the referral form to determine which instructional materials have been successfully used with the child and which ones have not been successful. The specialist then must know (1) the method of word attack and (2) the types of skills which are presented in the instructional materials in order to hypothesize the reasons for the child's success or failure in using these instructional materials.

Writing the prescription involves (1) selecting a basal series which presents the appropriate method of word attack, (2) identifying the specific book title within the basal series which the child should use (3) listing motivating and interesting library book titles at the child's independent reading level and (4) itemizing instructional materials which teach the reading skills the child need to learn next.

Included in this section are examples of the lists of reading materials we use. They are:

A1 Descriptions of State Adopted Reading Series

A2 Grade Levels of State Adopted Reading Books

A3 Word Attack Method Used in State Adopted Reading Series

A4 Story Books Grouped by Topic and Readability Level

A5 Skill Development Materials in Reading

DESCRIPTIONS OF STATE ADOPTED READING SERIES

This section contains descriptions of:

Advanced Skills in Reading
Basic Reading Series
The Checkered Flag Series
The Deep Sea Adventure Series
Harper and Row Basic Reading Program
Language Experiences in Reading
The Linguistic Readers
The Macmillan Reading Program
The Monster Books
The Morgan Bay Mysteries
Programmed Reading Series
Sheldon Basic Reading Series
Sounds of Language
The Time Machine Series

The descriptions of state adopted reading series are used for two purposes in our center.

1) We refer to them to learn what type of series the child has been using

2) If we recommend a change of series, we send a copy of the description with the evaluation report.

TITLE: ADVANCED SKILLS IN READING

AUTHOR: Garrisburg

PUBLISHER: Macmillan Company

COPYRIGHT: 1967

WORD ATTACK: Understanding, following directions, hidden meanings, context, parts of words.

FORMAT: 2 books - Teacher manual

TITLE	READING LEVEL
Book 1	Grade 7
Book 2	Grade 8

TITLE: BASIC READING SERIES

AUTHOR: McCracken - Walcutt

PUBLISHER: J.B. Lippincott Co.

COPYRIGHT: 1965-1969

WORD ATTACK: Phonetic - Integrates phonics and whole word meanings.

Dr. Walcutt and Dr. McCracken claimed this was the 1st program ever published to integrate phonics and whole word meanings. No mention was made of linguistics. In 1965, however, a flyer printed by Lippincott made the statement that basic reading is a fully developmental linguistic reading program for grade 1-8. The grade 1 program follows the pattern of most basal readers. The vowel sounds are not presented. It builds word families on such bases as "am", "at", and others readily seen in the phonemically-regular word charts.

TITLE	READING LEVEL
Readiness For Learning	
Book A	Preprimer
Book B	Primer
Book C	1.1
Book D	1.2
Reader	2.1
Reader	2.2
Reader	3.1
Reader	3.2
Book 4	
Book 5	
Book 6	
Book 7	
Book 8	
Extended Readers	
Red Book	Preprimer
Blue Book	Primer
Orange Book	1.1

TITLE: THE CHECKERED FLAG SERIES

AUTHOR: Henry A. Bamman and Robert J. Whitehead

PUBLISHER: Field Educational Publications, Inc.
2400 Hanover Street
Palo Alto, California 94304

WORD ATTACK: Whole Word Method

READING LEVELS: Interest levels from grades 6 through 12
Reading levels of first four books: 2.4 to 2.6
Reading levels of second four books: 3.0 to 4.5

FORMAT: Hardbound books, Audio-Visual Kits with cassette tapes, records, filmstrips and Teacher's guide

DESCRIPTION: The Checkered Flag Series provides eight hardbound high-interest low vocabulary supplementary reading books with cassette tapes and filmstrips. These books appeal particularly to boys because each story is about a different type of car in a different racing situation. Each book has exercises for recall of main ideas, understanding vocabulary and context, identif: identification of characters, discovery of word origins and samples of opinions. The format of the questions are multiple-choice, identification or fill-in and are designed to be checked by the teacher. The Teacher's Manual contains answers, synopsis of the stories and grade placement for each book in the series. The first four titles within the series are:

Wheels - 2.4 *
Riddler - 2.5
Bearcat - 2.5 to 2.6
Smashup - 2.6 to 2.8

The second four titles are:
Scramble - 3.0 to 3.4
Flea - 3.5 - 3.8
Grand Prix - 4.0 to 4.4
500 - 4.5

*The above reading level is determined by the Spache Readability formula - where proper nouns are not counted. Therefore, the above material may be more difficult to read than the grade level indicated.

TITLE: THE DEEP SEA ADVENTURE SERIES

AUTHOR: James C. Coleman, et. al.

PUBLISHER: (Harr Wagner Publishing Company)
now:
Field Educational Publishers
609 Mission Street
San Francisco, California 97105

READING LEVELS: Below 4th grade; interest level grades 3 to 10

FORMAT: Eight hardbound supplementary readers with paperback teacher's manual

DESCRIPTION: These eight fiction books are designed to motivate remedial students below fourth grade reading level. The same characters are used in the series and the titles include:

	TITLE	READING LEVEL
#1	The Sea Hunt	1.5 - 2.0
#2	Treasure Under the Sea	2.0 - 2.4
#3	Submarine Rescue	2.5
#4	The Pearl Divers	2.5 - 3.0
#5	Frogmen in Action	3.0 - 4.0
#6	Danger Below	4.0 - 4.5
#7	Whale Hunt	4.5
#8	Rocket Drivers	4.5 - 5.0

Each chapter of a book has ten multiple-choice questions in the back of the book. The teacher's manual gives supplemental and enrichment procedures, as well as background paragraphs over material in the book.

TITLE: HARPER AND ROW BASIC READING PROGRAM

AUTHOR: O'Donnell et. al.

PUBLISHER: Harper and Row

COPYRIGHT: 1966 and 1969

WORD ATTACK: Phonics

FORMAT: Books - Tests - Teacher's Manuals - etc.
(Strand 1 - Developmental Reading and
Strand 2 - Reading in the subject matter areas)

	TITLE	READING LEVEL
Strand 1	Off We Go With Stories	Teacher's Education
Strand 1	On Our Way To Read	Basic Readiness
Strand 1	Janet and Mark	First Preprimer - Teacher's Ed.
Strand 1	Outdoors and In	Second Preprimer
	Teacher's Education of 1st and 2nd Preprimers	
Strand 1	City Days, City Ways	Third Preprimer
Strand 1	Just For Fun	Fourth Preprimer
	Teacher's Education of 3rd and 4th Preprimers	
Strand 1	Around The Corner	Primer
Strand 1	Real and Make-Believe	First Reader
Strand 2	From Elephants To Eskimos	First Reader
Strand 1	All Through The Year	Second Reader
Strand 2	From Fins To Feathers	Second Reader
Strand 1	From Faraway Places	Third Reader
Strand 2	From Bicycles To Boomerangs	Third Reader
Strand 1	Trade Winds	Fourth Reader
Strand 2	From Codes To Captains	Fourth Reader
Strand 1	Crossroads	Fifth Reader
Strand 2	From Actors To Astronauts	Fifth Reader
Strand 1	Seven Seas	Sixth Reader
Strand 2	From Coins To Kings	Sixth Reader
Strand 1	Searchlights On Literature	Seventh Reader
Strand 2	From Pilots To Plastics	Seventh Reader
Strand 1	Compass Points In Literature	Eighth Reader
Strand 2	From Stars To Sculptures	Eighth Reader

TITLE: LANGUAGE EXPERIENCES IN READING

AUTHOR: Allen, R. V.; Allen Claryce

PUBLISHER: Encyclopedia Britannica Educational Corporation

COPYRIGHT: 1966

WORD ATTACK: WHOLE WORD APPROACH

TITLE	READING LEVEL
Language Experience in Reading	1st Grade
Language Experience in Reading	2nd Grade
Language Experience in Reading	3rd Grade

Development of Language by stressing listening, speaking, spelling and writing skills. It is made possible to bring the child's own background of experiences and his own language to the textbook page.

The material consists of three levels of teacher's Resource Guides and pupil books.

May be individualized or grouped.

TITLE: THE LINGUISTIC READERS

AUTHOR: Stratameyer et al

PUBLISHER: Harper & Row, Publishers
2500 Crawford Avenue
Evanston, Illinois 60201

COPYRIGHT: 1965, 1966, 1967, (Textbooks were copyrighted and added at a later time.)

WORD ATTACK: LINGUISTIC APPROACH

TITLE	READING LEVEL
Fun at the Pond	Readiness
Frog Fun	First Pre-primer
Tuggy	Second Pre-primer
Pepper	Third Pre-primer
Six in a Mix	Primer
It Happens On a Ranch	First Reader
Sea of Magic Ink	Second Reader
Winging Through Lights and Shadows	Third Reader
Workbooks for each of the above	
Teachers Plan Book	Guidebook

TITLE: THE MACMILLIAN READING PROGRAM

AUTHOR: Albert J. Harris and May Knight Clark

PUBLISHER: The Macmillian Company
866 3rd Avenue
New York, New York 60605

AGE GROUPS: 1 - 6

FORMAT: Books - tests - magnetic display board - vocabulary cards, etc.

DESCRIPTION: Analytic - Configuration - look for likenesses - differences - characteristics within words help you identify them.

TITLE	READING LEVEL
We Begin	Readiness
How We Read	Readiness 2
Opening Books	PrePrimer 1
Magic Box	PrePrimer 2
Things You See	PrePrimer 3
Teacher's Guide For PrePrimers	
Worlds of Wonder	Primer
Lands of Pleasure	1st Reader
Enchanted Gates	2.1
Shining Bridges	2.2
Better Than Gold	3.1
More Than Words	3.2
The Magic Word	4
Bold Journey	5
Into New Worlds	6

TITLE: The Monster Books for Beginning Readers

AUTHOR: Ellen Blance, Ann Cook and Harb Mack

PUBLISHER: Bowmar
622 Rodier Drive
Glendale, California 91201

READING LEVEL: Kindergarten through Second Grade

FORMAT: 12 small, paperback books, illustrated in cartoon-like form.

DESCRIPTION: The Monster stories are about common everyday happenings of children in situations five to seven year olds easily identify with. The vocabulary is linked to children's language patterns, and the Monster is a lovable and believable character for children. Children will love having the Monster for their friend.

Titles within the series are:

#1 Monster Comes to the City -
#2 Monster Looks For a House
#3 Monster Cleans His House
#4 Monster Looks for a Friend
#5 Monster Meets Lady Monster
#6 Monster and the Magic Umbrella
#7 Monster Goes to the Museum
#8 Monster on the Bus
#9 Monster Goes to School
#10 Monster At School
#11 Monster Has a Party
#12 Monster Goes to the Zoo

Note: These are high-interest, low-vocabulary materials that appeal to children of all ages and levels of sophistication. At the kindergarten level, children enjoy them as 'read-aloud' books. In 1st, 2nd and 3rd grades - they may be used as beginning readers and older children enjoy the cartoon-like characters. The books should be read in the above order since they progress from one monster experience to another and the sentence length and paragraph length increase from the first to the last book.

TITLE: THE MORGAN BAY MYSTERIES

AUTHOR: Rambeau and Rambeau

PUBLISHER: Field Educational Publications, Inc.
2400 Hanover Street
Palo Alto, California 94304

READING LEVELS: Grade levels 2.3 to 4.1; interest level 3 to 8

FORMAT: Hardbound books for supplementary reading; Teacher's Manual

DESCRIPTION: The Morgan Bay Mysteries are high-interest, low-vocabulary books for supplementary reading. There are eight books in the series and all have a mystery theme which appeals to intermediate children. Each book has eight chapters with comprehension exercises at the end of each chapter. There is also a teacher's handbook for the series. Titles with the series ranking from least to most reading difficulty are:

	TITLE	READING LEVEL
#1	The Mystery of Morgan Castle	2.3
#2	The Mystery of the Marble Angel	2.6
#3	The Mystery of the Midnight Visitor	3.0 - 3.2
#4	The Mystery of the Missing Marlin	3.2 - 3.5
#5	The Mystery of the Musical Ghost	3.5
#6	The Mystery of Monk's Island	3.7
#7	The Mystery of the Marauder's Gold	3.9
#8	The Mystery of the Myrmidon's Journey	4.0 - 4.1

TITLE: PROGRAMMED READING SERIES

AUTHOR: Sullivan Associates and Buchanan

PUBLISHER: McGraw Hill Book Company - Webster Division

COPYRIGHT: 1968

WORD ATTACK: LINGUISTIC - Sound Symbol Cards (set of 29)

THE Prereader	TITLE	READING LEVEL
Series I, Second Edition	Programmed Reading	Book I
	Programmed Reading	Book Ia
	Programmed Reading	Book 2
	Programmed Reading	Book 3
	Programmed Reading	Book 4
	Programmed Reading	Book 5
	Programmed Reading	Book 6
	Programmed Reading	Book 7
	Teacher's guide for Book I	
	Teacher's guide for Books 2-7	
Series II, Second Edition	Programmed Reading	Book 8
	Programmed Reading	Book 9
	Programmed Reading	Book 10
	Programmed Reading	Book 11
	Programmed Reading	Book 12
	Programmed Reading	Book 13
	Programmed Reading	Book 14
	Teacher's guide for Books 8-14	
Series III	Programmed Reading	Book 15
	Programmed Reading	Book 17
	Programmed Reading	Book 18
	Programmed Reading	Book 19
	Programmed Reading	Book 20
	Programmed Reading	Book 21
	Teacher's guide for Books 15-21	
Storybooks Series I	Pins and Pans	Book I
	The Bag in the Sand	Book 2
	The Bad Mitten	Book 3
	The Witch and The Bat	Book 4
	Pick a Pat	Book 5
	Jars and Jars of Jam	Book 6
	The Starship	Book 7

TITLE: SHELDON BASIC READING SERIES

AUTHOR: Sheldon, et. al.

PUBLISHER: Allyn and Bacon, Inc.

COPYRIGHT: 1968

WORD ATTACK: Configuration - Some phonetic analysis, but little.

TITLE	READING LEVEL
At Home	Preprimer 1
Here And Near	Preprimer 2
Here And Away	Preprimer 3
Annotated Teacher's Ed. for Preprimers	
Our School	Primer
Our Town	1st Reader
Fields and Fences	2nd Reader (Readiness)
Town and Country	2nd Reader
Magic Windows	3rd Reader (Readiness)
Story Caravan	3rd Reader
Believe And Make Believe	4th Reader
Finding The Way	5th Reader
Arrivals And Departures	6th Reader
High Trails	7th Reader
Widening Views	8th Reader

TITLE: SOUNDS OF LANGUAGE SERIES

AUTHOR: Bill Martin, Jr.

PUBLISHER: Holt, Rinehart and Winston, Inc.
645 North Michigan
Chicago, Illinois

WORD ATTACK: LINGUISTIC APPROACH

TITLE	READING LEVEL
Sounds of Home	Pre-Primer
Sounds of Numbers	Primer
Sounds Around the Clock	First Reader
Sounds of Laughter	Second Reader
Sounds of the Storyteller	Third Reader
Sounds of Mystery	Fourth Reader
Sounds of a Young Hunter	Fifth Reader
Sounds of a Distant Drum	Sixth Reader

Each book is a collection of poems, stories, articles and pictures.

The teacher may begin anywhere with the books. Pre-teaching of words is not necessary.

Word unlocking techniques are used.

The print is larger throughout this series than in other series.

The beginning page of each story and poem contains the learning sequence for that selection.

	Yes I Can	Book 1a
	The Sandman	Book 2a
	The Milkman	Book 3a
	The Kitten	Book 4a
	Sam's Band	Book 5a
	Things I Think Of	Book 6a
	Presents and Picnics	Book 7a
	Dan's Hat	Book 1b
	Ben and Pal	Book 2b
	The Land In The West	Book 3b
	Ned's Pets	Book 4b
	The King's Helper	Book 5b
	The Red Ball	Book 6b
	In The Garden	Book 7b
Storybooks Series II	On The Farm	Book 8
	Patty's Birthday Party	Book 9
	The Baker's Wife	Book 10
	The Big Dragon Hunt	Book 11
	A Visit To Toyland	Book 12
	Come To The Play	Book 13
	Dick and Richard	Book 14
	At The Market	Book 8a
	Kitty and James	Book 9a
	The Big Race	Book 10a
	Animals Here and There	Book 11a
	Far North To The Big City	Book 12a
	Dan and Greta	Book 13a
	Can You Tell A Story?	Book 14a

TITLE: THE TIME MACHINE SERIES

AUTHOR: Gene Darby

PUBLISHER: Field Educational Publications, Inc.
2400 Hanover Street
Palo Alto, California 94304

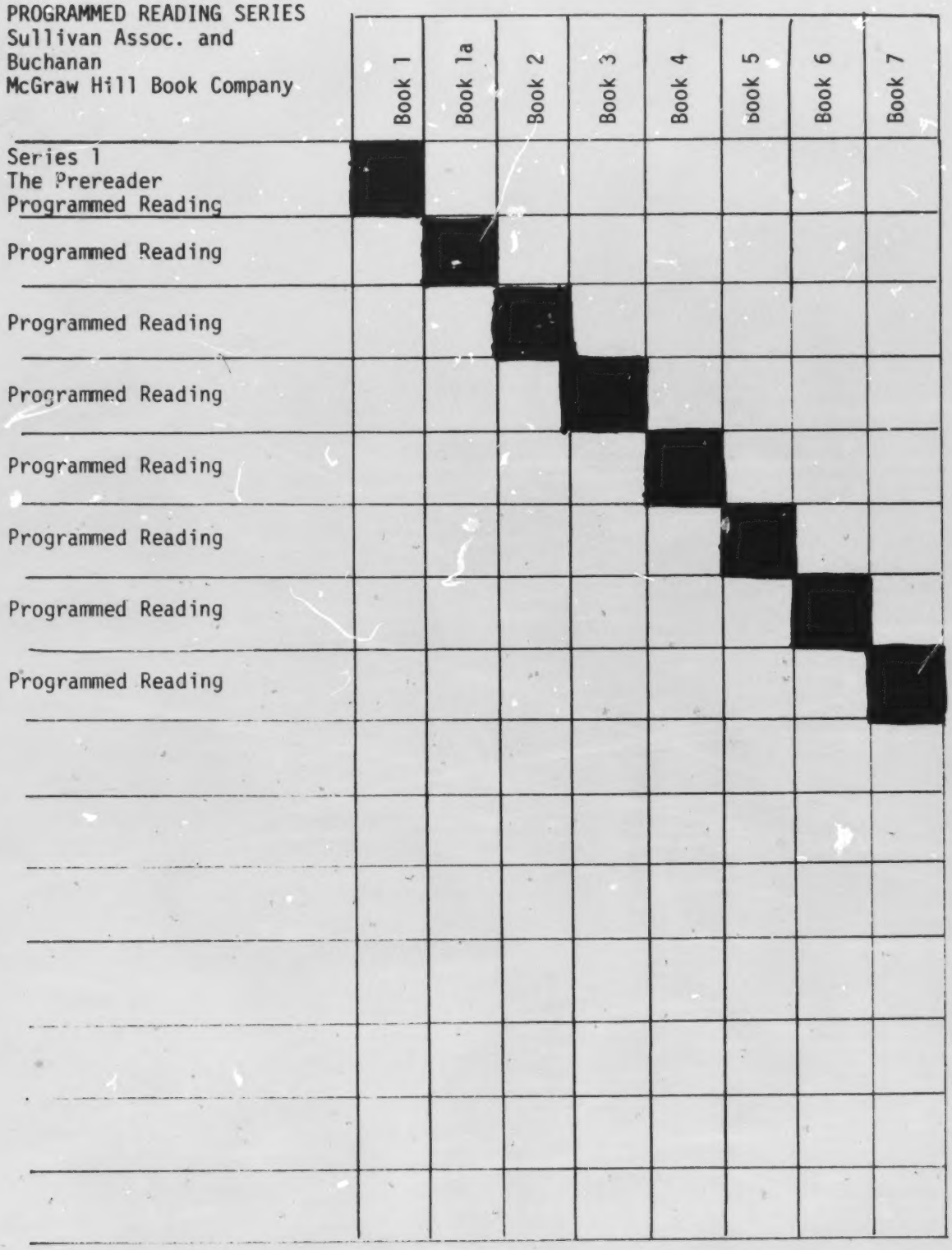
READING LEVELS: Pre-primer to 2.5; interest K-4

FORMAT: Hardbound readers with accompanying 33 1/3 RPM records, teacher's manual

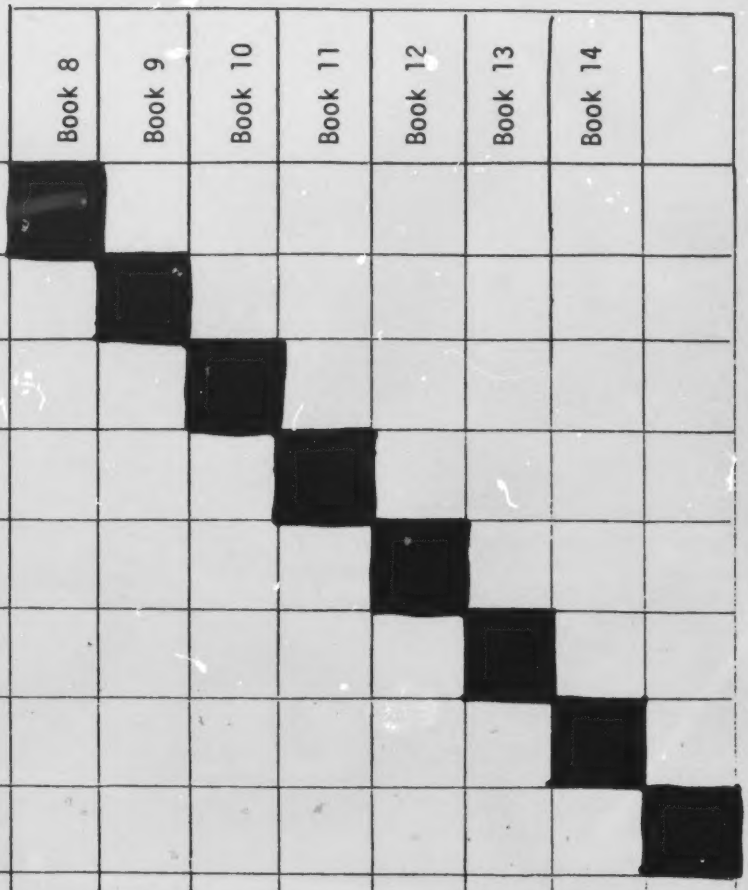
DESCRIPTION: THE TIME MACHINE SERIES readers present easy-to-learn concepts of a scientific and historical nature presented in story form with controlled vocabulary. These books can be a high-interest supplement to a basal reading program at the primary level. The teacher's manual gives a variety of suggestions, including an art activity program. Titles within the series include:

	TITLE	READING LEVEL
#1	Leonard Visits Space	PrePrimer
#2	Leonard Visits the Ocean Floor	Primer
#3	Leonard Discovers America	1.6
#4	Leonard Visits Dinosaurland	2.0
#5	Leonard Visits Sitting Bull	2.2
#6	Leonard Goes To The Olympics	2.3
#7	Leonard Equals Einstein	2.4
#8	Leonard Discovers Africa	2.5

PROGRAMMED READING SERIES
Sullivan Assoc. and
Buchanan
McGraw Hill Book Company



PROGRAMMED READING
SERIES
Sullivan Associates and
Buchanan
McGraw Hill Book Company



Beginning Reading
Programmed Reading

Programmed Reading

Programmed Reading

Programmed Reading

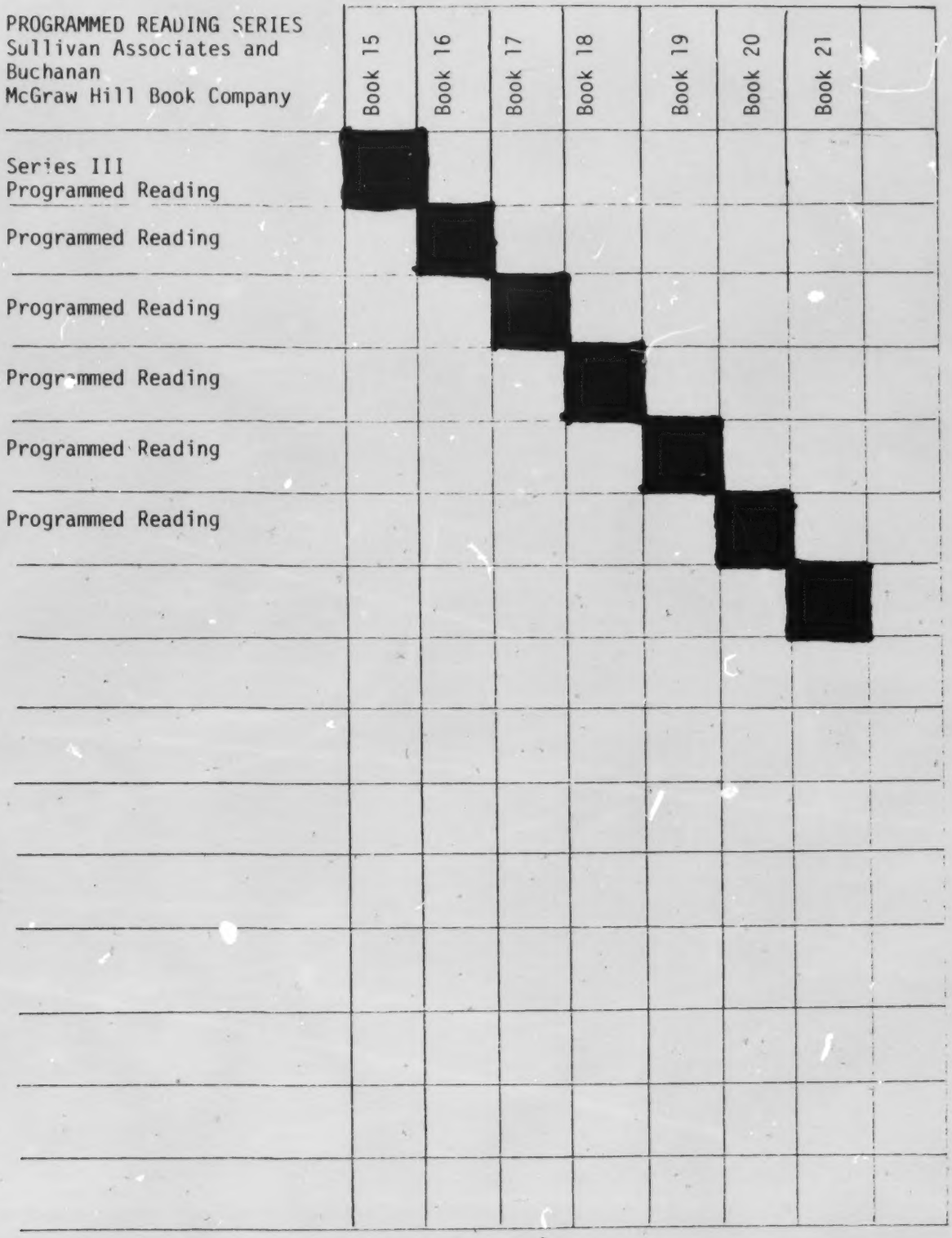
Programmed Reading

Programmed Reading

Programmed Reading

Programmed Reading

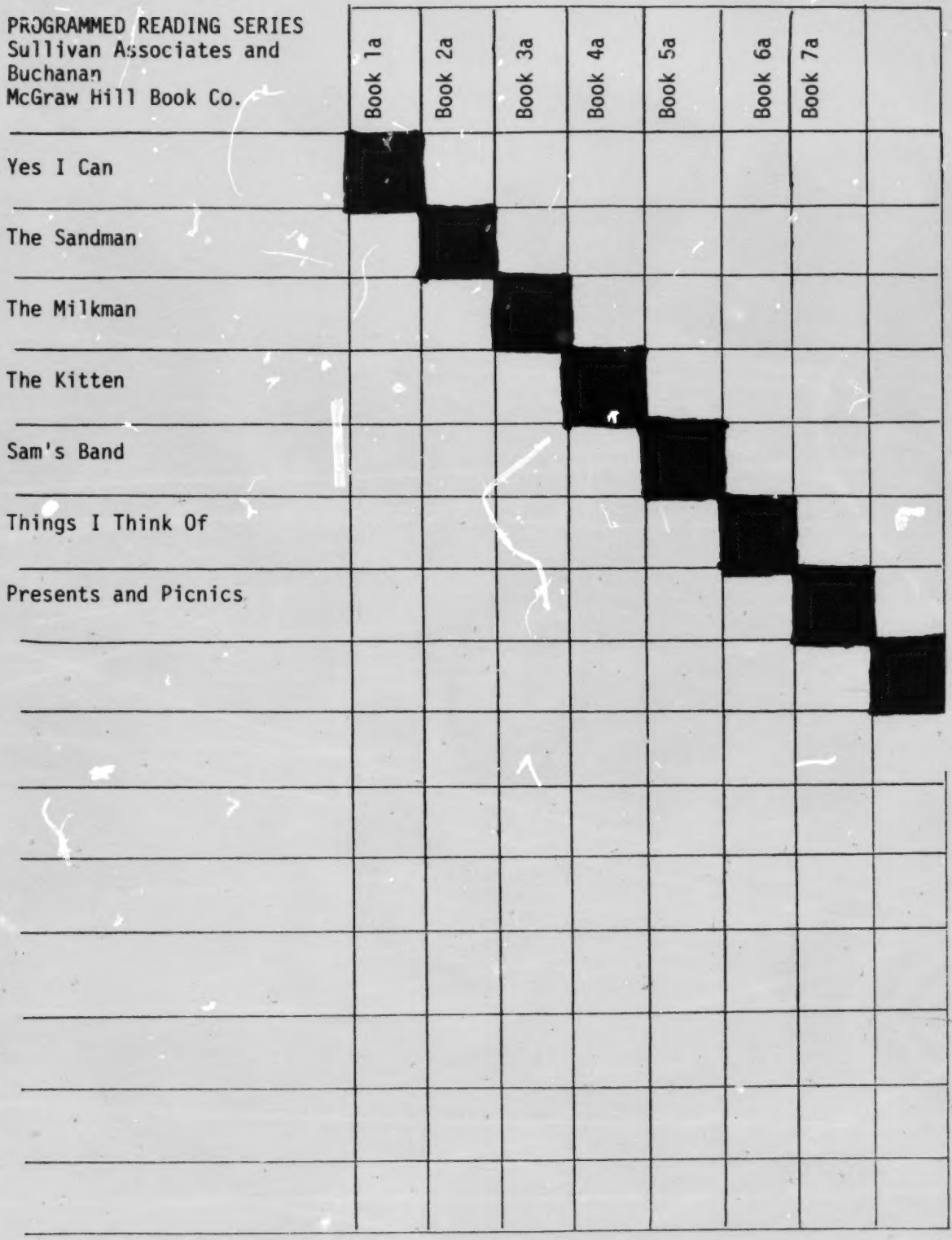
PROGRAMMED READING SERIES
Sullivan Associates and
Buchanan
McGraw Hill Book Company



PROGRAMMED READING SERIES
Sullivan Associates and Buchanan
McGraw Hill Book Co.

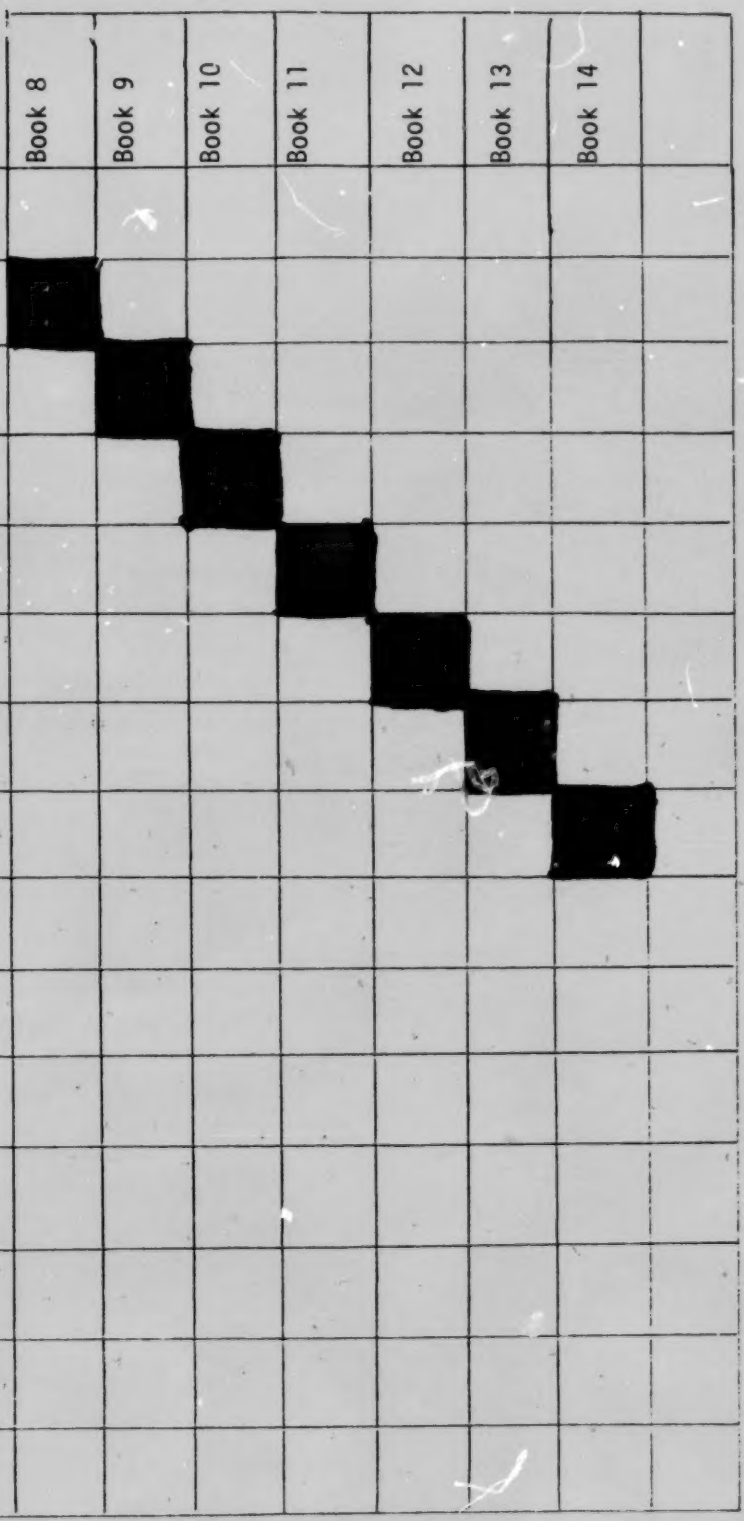
	Book 1	Book 2	Book 3	Book 4	Book 5	Book 6	Book 7	
Storybooks Series 1								
Pins and Pans	■							
The Bag in the Sand		■						
The Bad Mitten			■					
The Witch and The Bat				■				
Pick a Pat					■			
Jars and Jars of Jam						■		
The Starship							■	
								■

PROGRAMMED READING SERIES
Sullivan Associates and Buchanan
McGraw Hill Book Co.



PROGRAMMED READING SERIES Sullivan Associates and Buchanan McGraw Hill Book Co.	Book 1b	Book 2b	Book 3b	Book 4b	Book 5b	Book 6b	Book 7b	
Storybooks (Cont) Series 1								
Dan's Hat	■							
Ben and Pal		■						
The Land in The West			■					
Ned's Pets				■				
The King's Helper					■			
The Red Ball						■		
In The Garden							■	

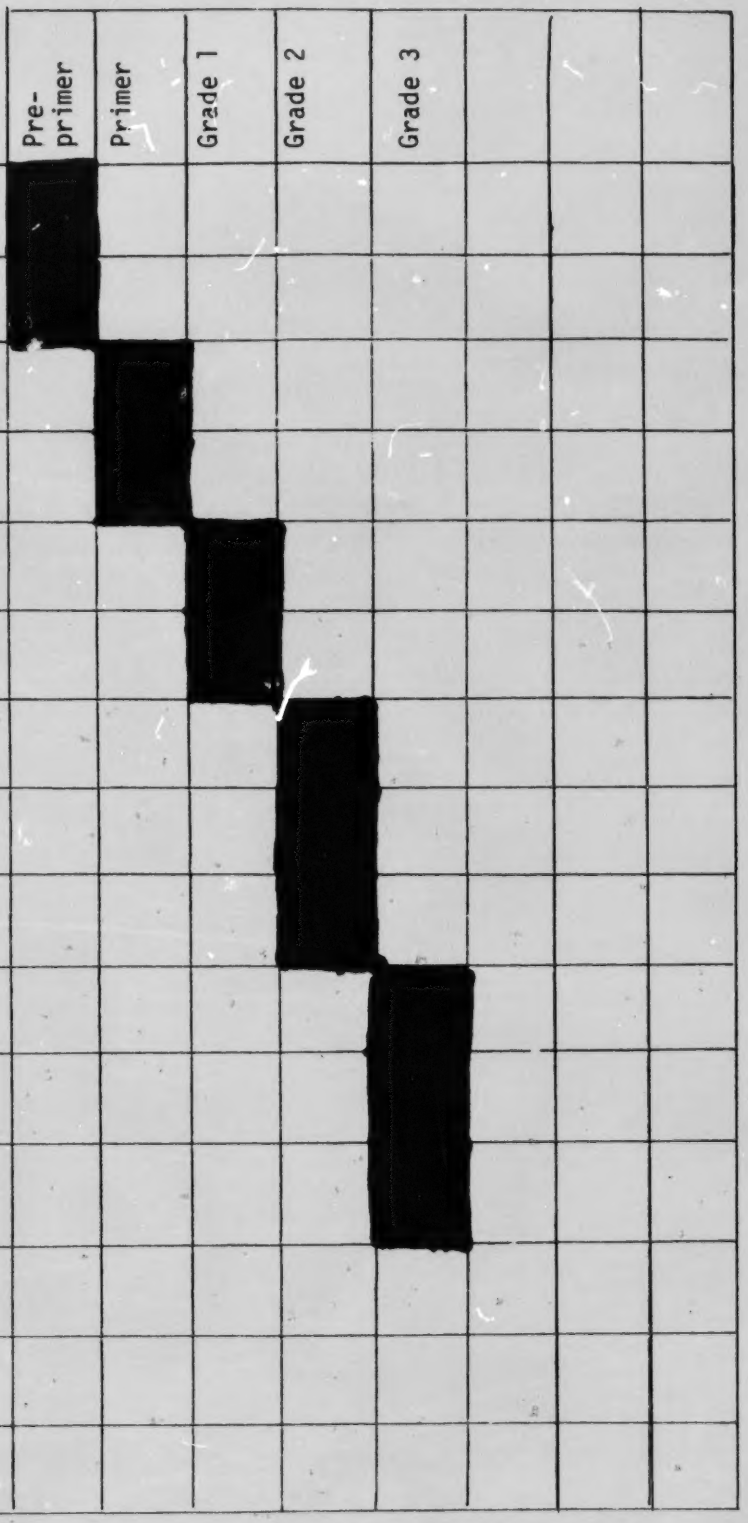
PROGRAMMED READING SERIES
Sullivan Associates and Buchanan
McGraw Hill Book Co.



PROGRAMMED READING SERIES
Sullivan Associates and Buchanan
McGraw Hill Book Co.

	Book 8a	Book 9a	Book 10a	Book 11a	Book 12a	Book 13a	Book 14a	
Storybooks II (Cont.)								
At The Market	■							
Kitty and James		■						
The Big Race			■					
Animals Here and There				■				
Far North To The Big City					■			
Dan and Greta						■		
Can You Tell A Story?							■	

THE MONSTER BOOKS
FOR BEGINNING READERS
Ellen Blance, Ann Cook
Herb Mack



Monster Comes To The City

Monster Looks For A House

Monster Cleans His House

Monster Looks for a Friend

Monster Meets Lady Monster

Monster and the Magic Umbrealla

Monster Goes To The Museum

Monster on the Bus

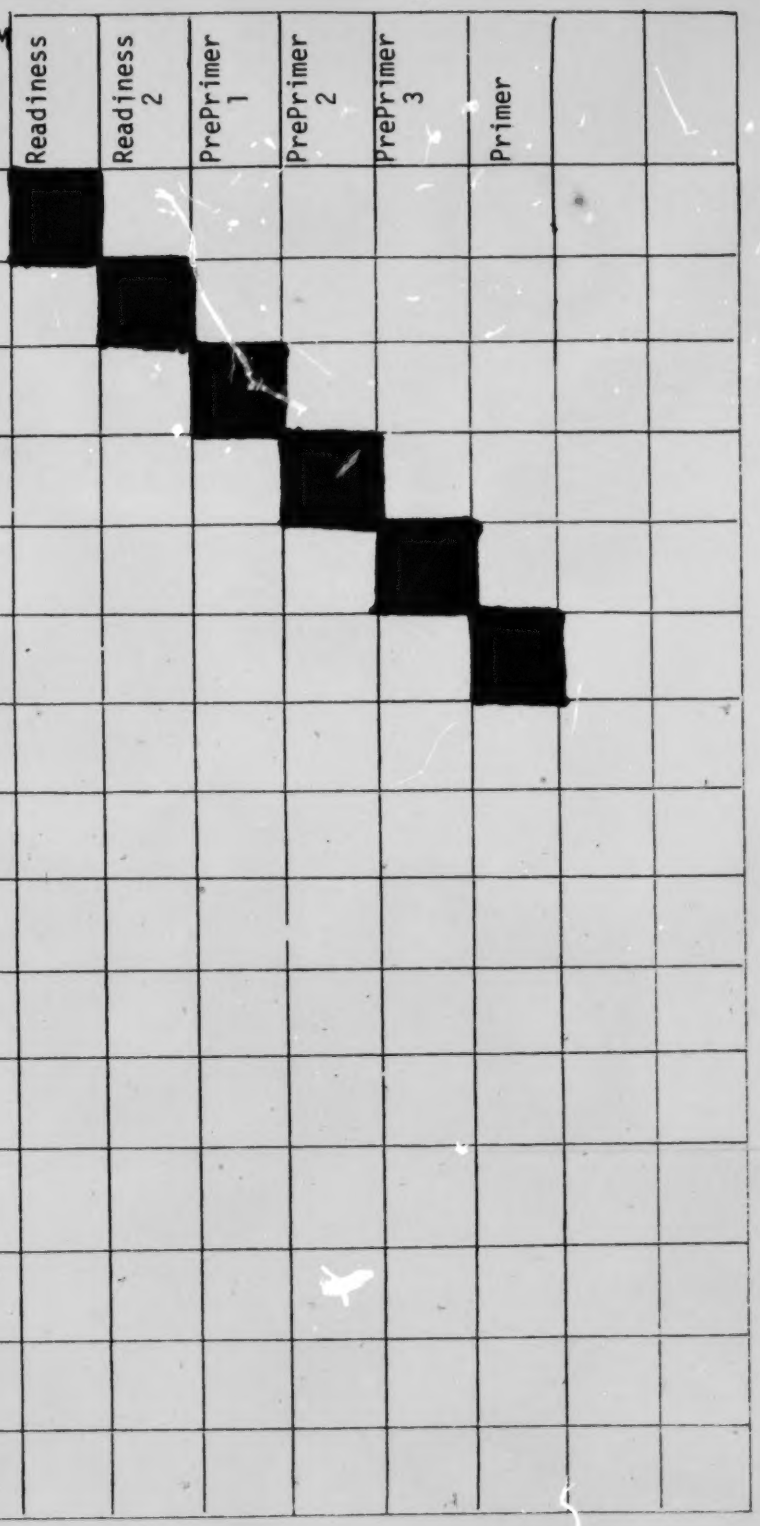
Monster Goes to School

Monster at School

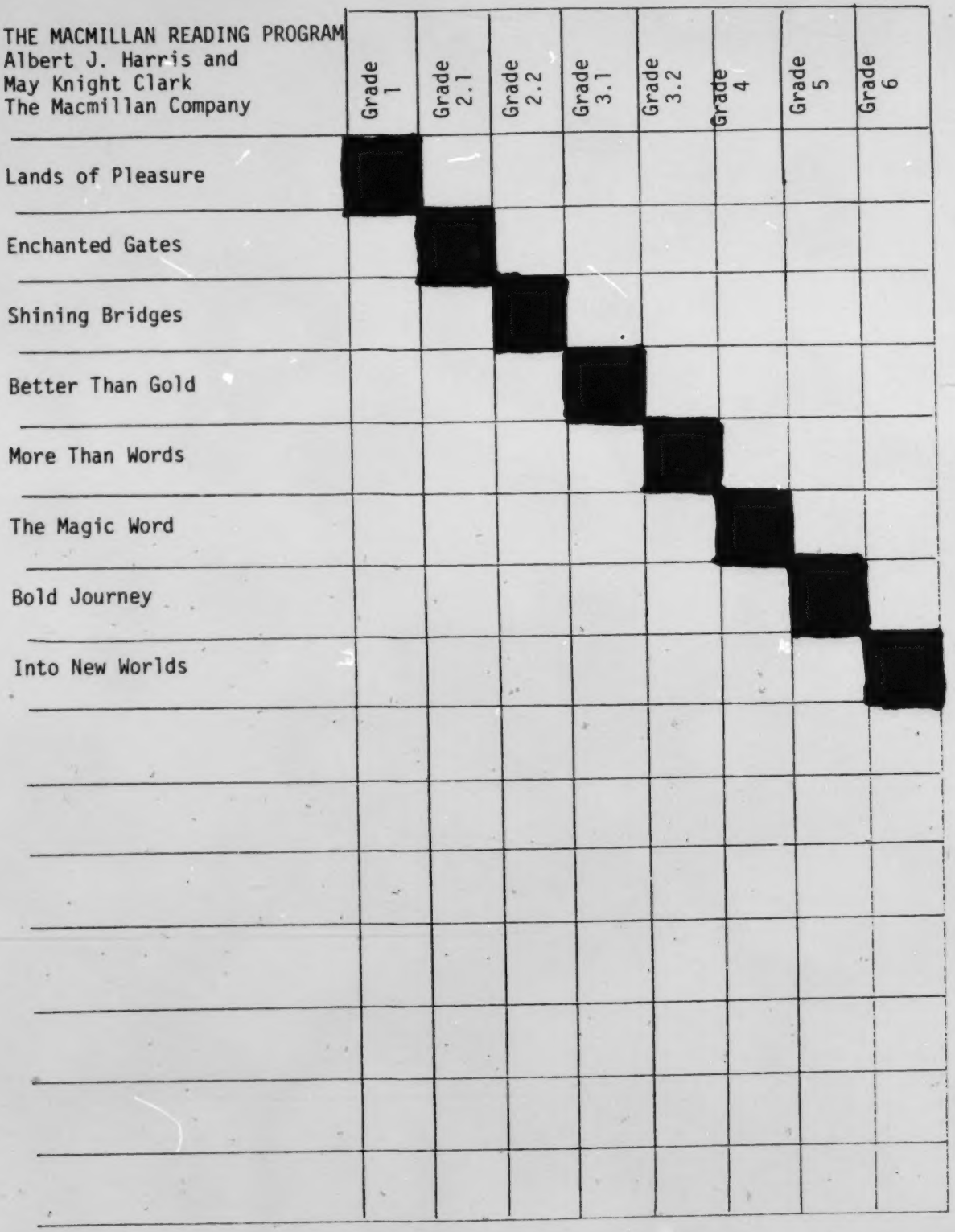
Monster Has a Party

Monster Goes to the Zoo

THE MACMILLAN READING PROGRAM
Albert J. Harris and
May Knight Clark
The Macmillan Company



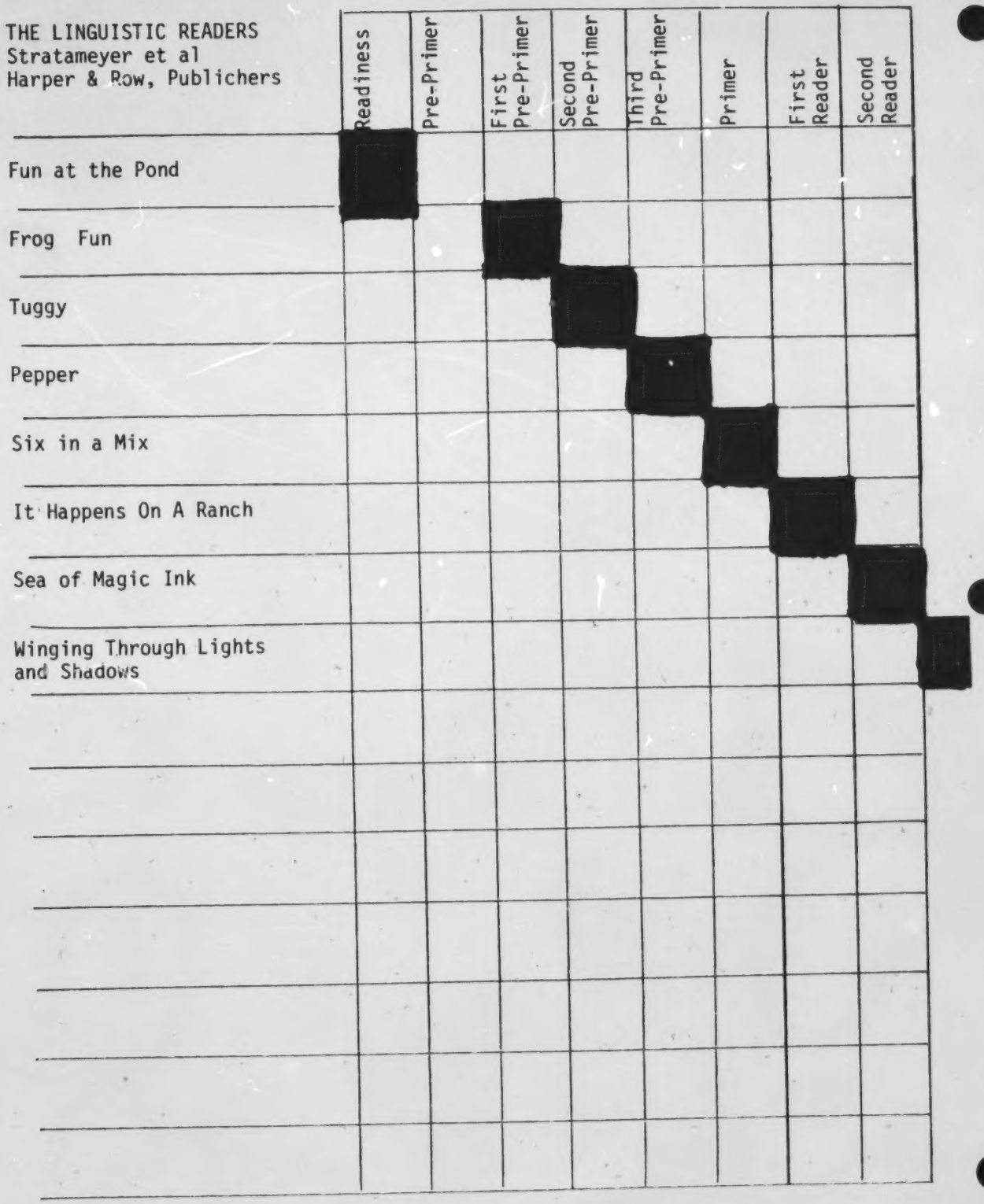
THE MACMILLAN READING PROGRAM
Albert J. Harris and
May Knight Clark
The Macmillan Company



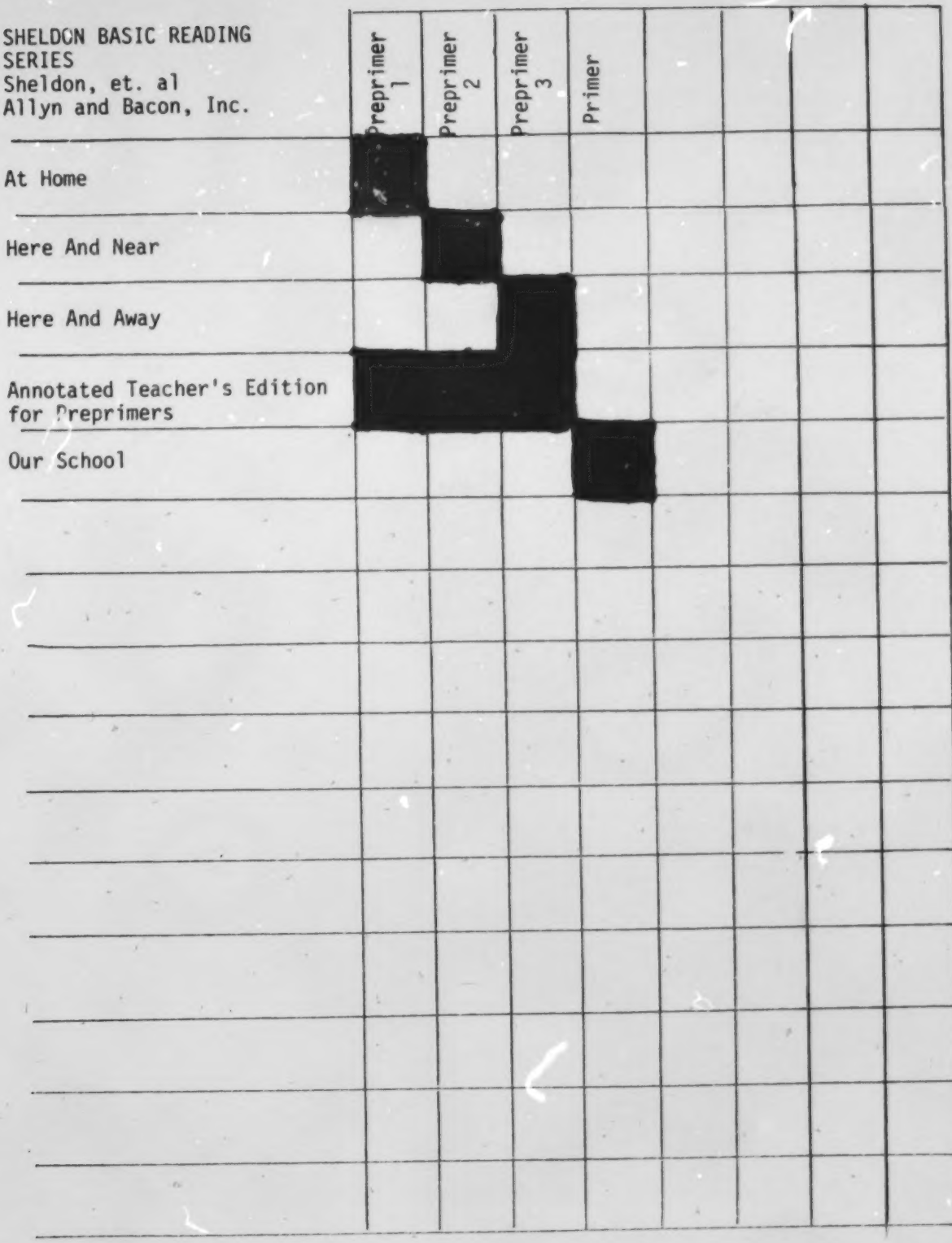
ADVANCE SKILLS IN READING
GARRISBURG
MACMILLAN COMPANY
c1967

	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5	Grade 6	Grade 7	Grade 8
Book 1								
Book 2								

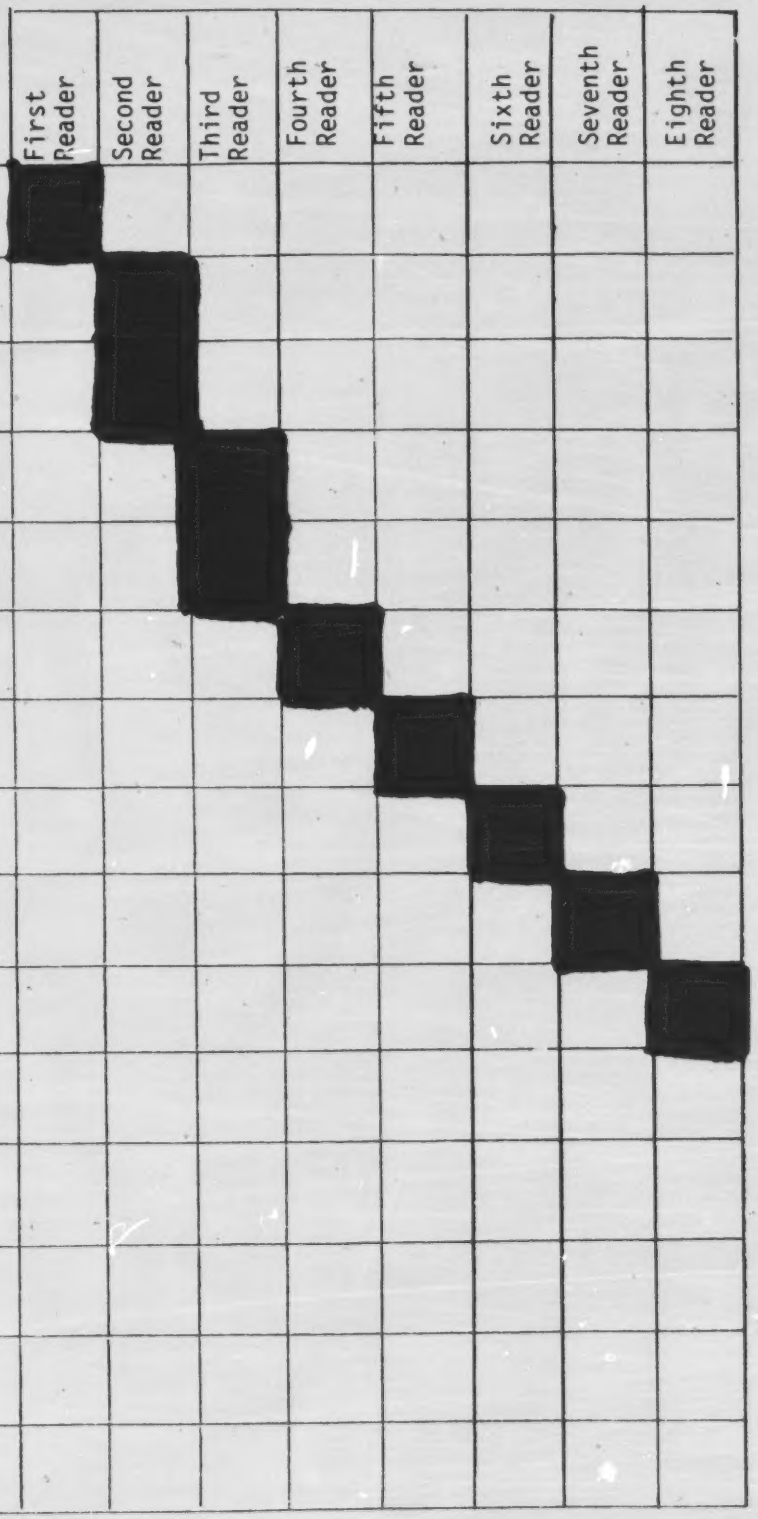
THE LINGUISTIC READERS
Stratameyer et al
Harper & Row, Publichers



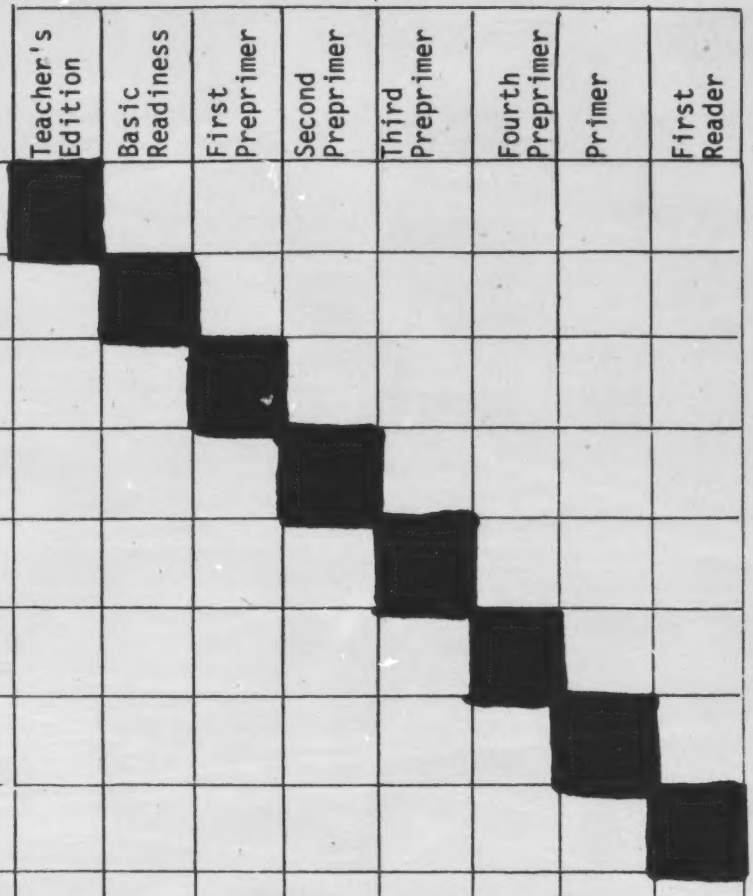
SHELDON BASIC READING SERIES
Sheldon, et. al
Allyn and Bacon, Inc.



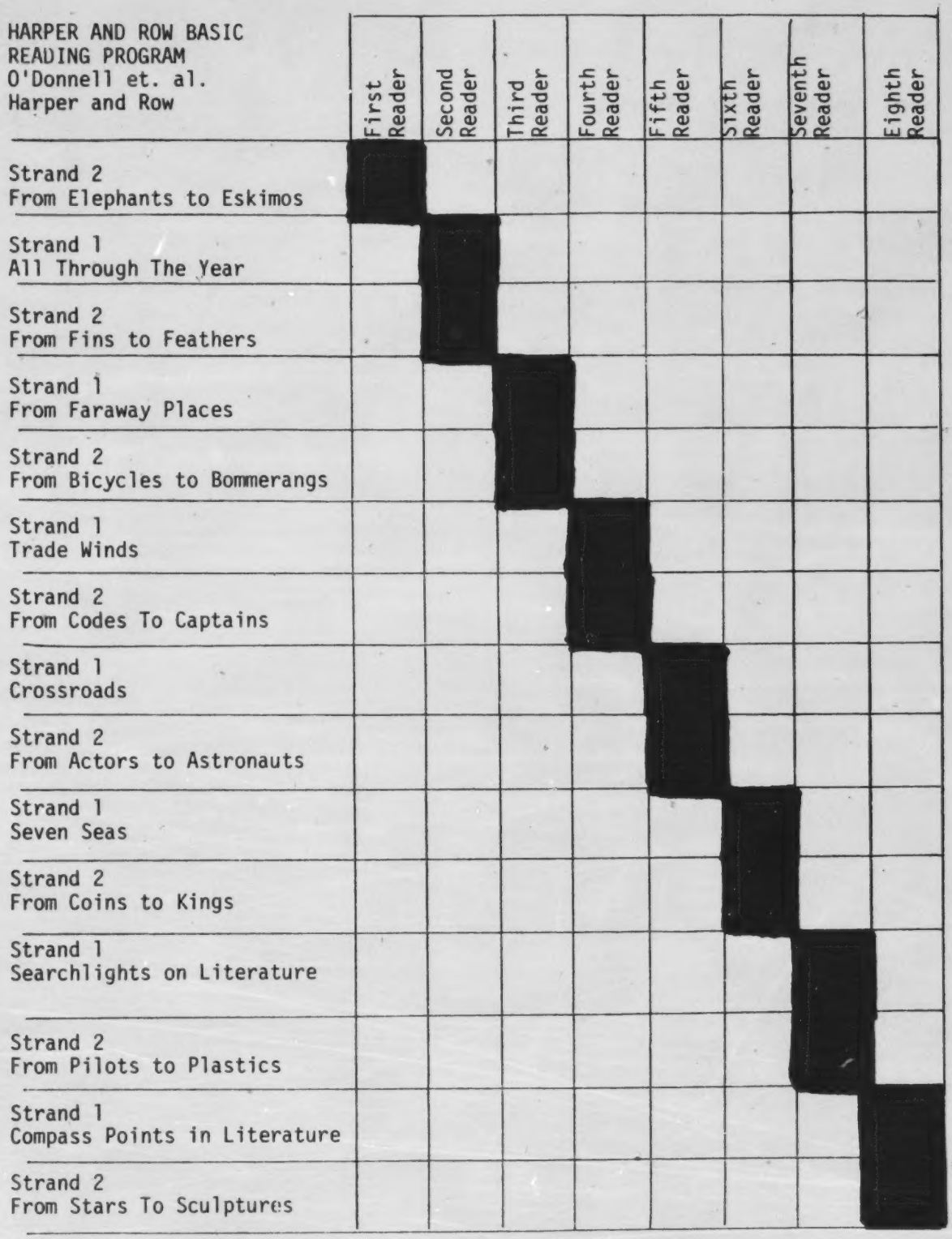
SHELDON BASIC READING SERIES
Sheldon, et. al.
Allyn and Bacon, Inc.



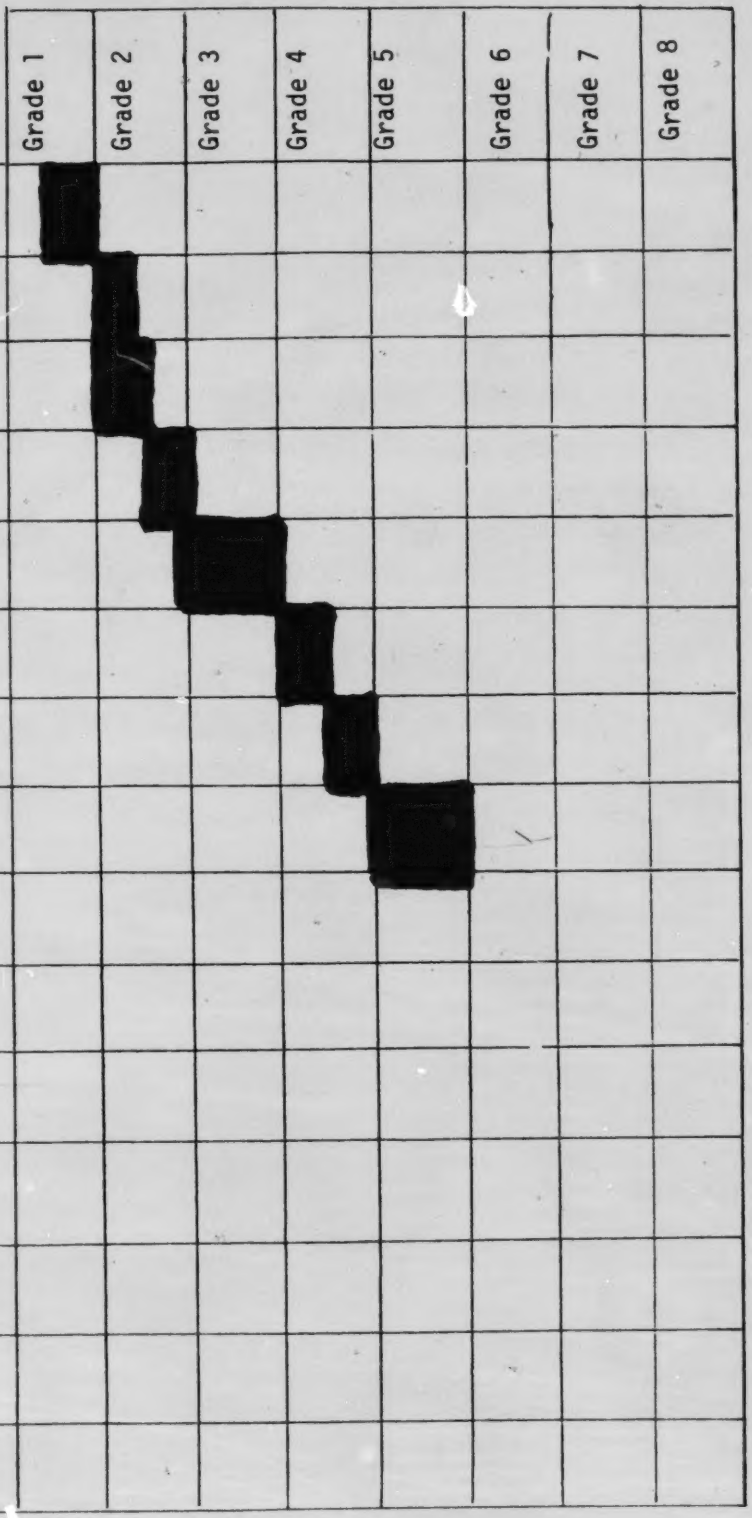
HARPER AND ROW BASIC READING PROGRAM
O'Donnell et. al.
Harper and Row



HARPER AND ROW BASIC READING PROGRAM
O'Donnell et. al.
Harper and Row



THE DEEP SEA ADVENTURE SERIES
James C. Coleman, et al.
Field Educational Publ.



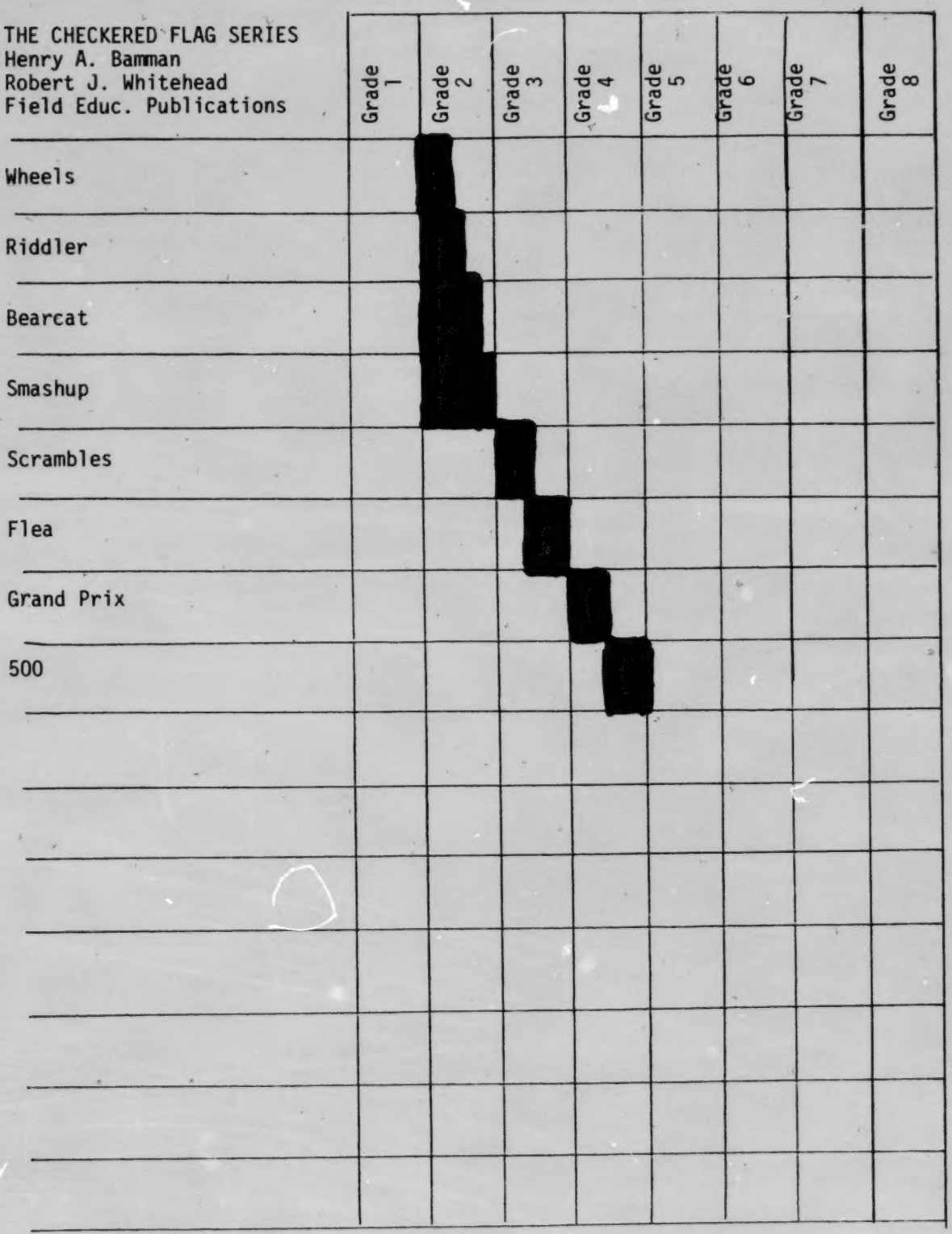
SOUNDS OF LANGUAGE SERIES
BILL MARTIN, JR.
Holt, Rinehart and
Winston, Inc.

	Pre-Primer	Primer	First Reader	Second Reader	Third Reader	Fourth Reader	Fifth Reader	Sixth Reader
Sounds of Home	■							
Sounds of Numbers		■						
Sounds Around The Clock			■					
Sounds of Laughter				■				
Sounds of the Storyteller					■			
Sounds of Mystery						■		
Sounds of a Young Hunter							■	
Sounds of a Distant Drum								■

THE TIME MACHINE SERIES
Gene Darby
Field Educational Publ.

		Primer	Grade 1.6	Grade 2.0	Grade 2.2	Grade 2.3	Grade 2.4	Grade 2.5
Leonard Visits Space	■							
Leonard Visits the Ocean Floor		■						
Leonard Discovers America			■					
Leonard Visits Dinosaurland				■				
Leonard Visits Sitting Bull					■			
Leonard Goes To The Olympics						■		
Leonard Equals Einstein							■	
Leonard Discovers Africa								■

THE CHECKERED FLAG SERIES
Henry A. Bamman
Robert J. Whitehead
Field Educ. Publications

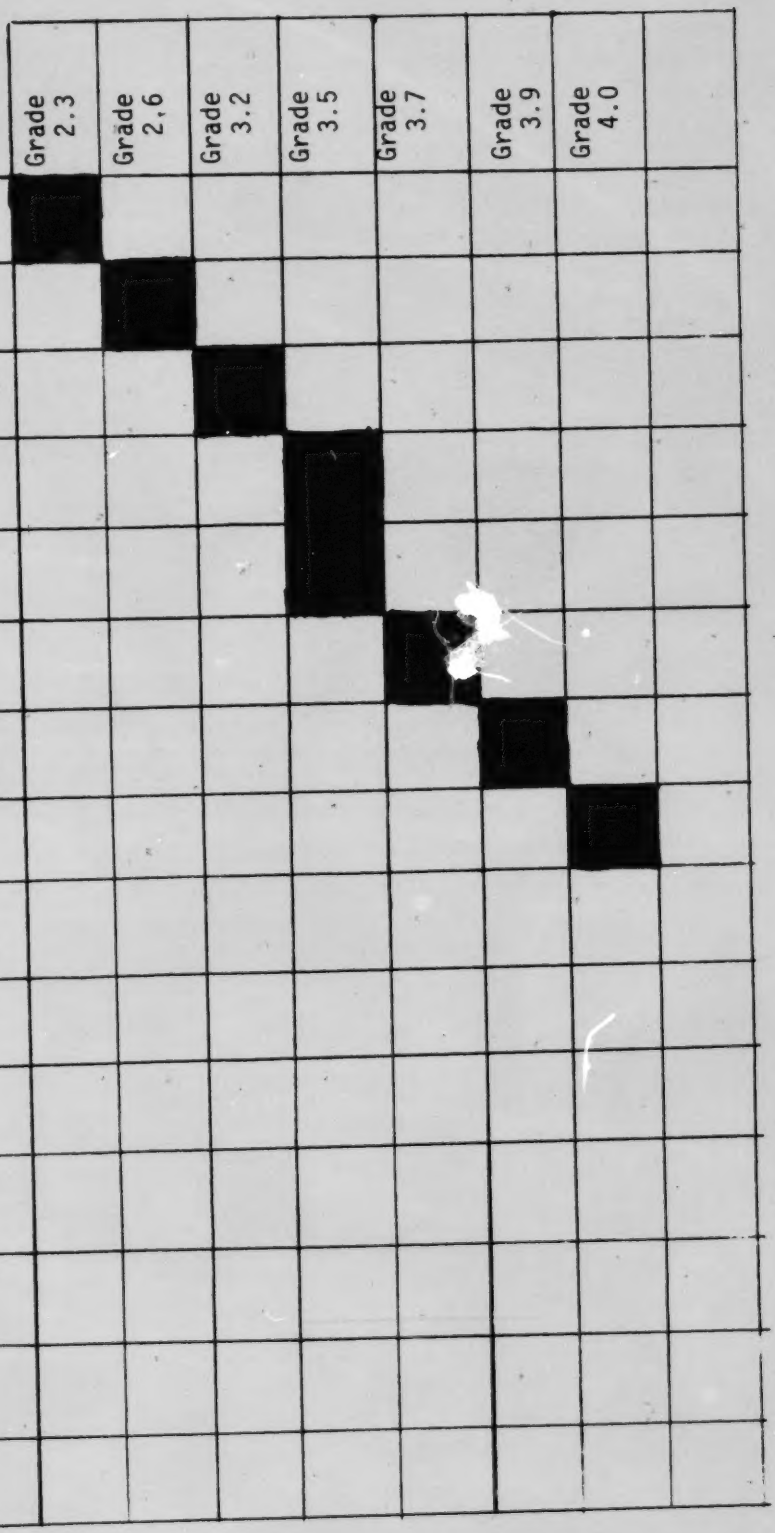


LANGUAGE EXPERIENCES
IN READING
Allen, R.V., Allen Claryce
Encyclopedia Britannica

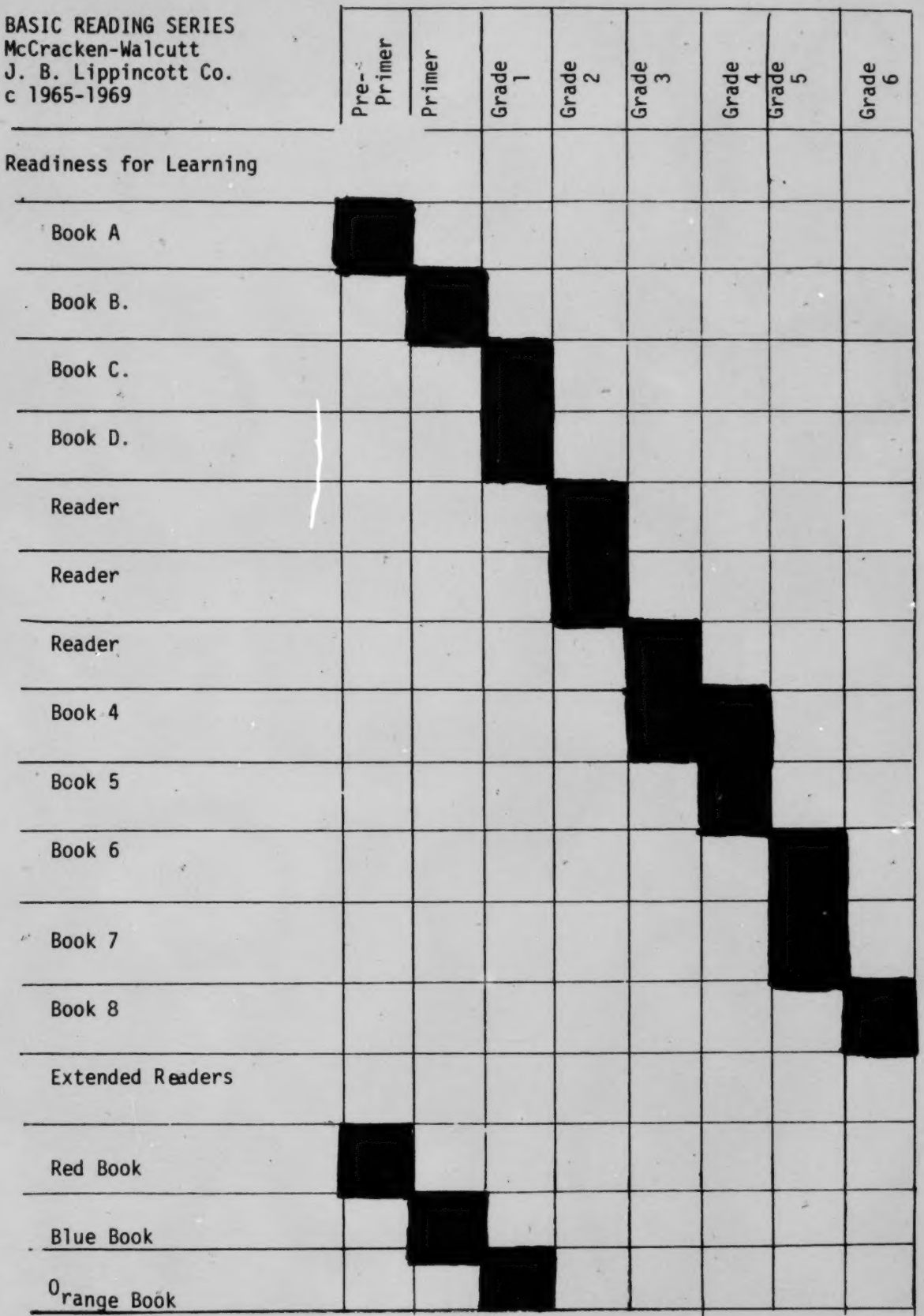
	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5	Grade 6	Grade 7	Grade 8
Language Experience in Reading								
Language Experience in Reading								
Language Experience in Reading								
Language Experience in Reading								

THE MORGAN BAY MYSTERIES

Rambeau and Rambeau
Field Educational
Publications, Inc.



BASIC READING SERIES
McCracken-Walcutt
J. B. Lippincott Co.
c 1965-1969



Animal Stories

Wildlife Adventure Series - Addison Wesley Publisher

TITLE	READING LEVEL	INTEREST LEVEL
Gatie The Alligator	2.6	3-8
Sleeky The Otter	2.8	3-8
Skipper The Dolphin	3.0	3-8
Tauny The Mountain Lion	3.2	3-8
Bounder The Jack Rabbit	3.5	3-8
Thor The Moose	3.6	3-8
Ruff The Wolf	3.7	3-8
Arctos The Grizzly	4.4	3-8

Animal Adventure Readers - Benefic Press

TITLE	READING LEVEL	INTEREST LEVEL
Becky, The Rabbit	pp	1-3
Squeaky, The Squirrel	pp	1-3
Doc, The Dog	pp	1-3
Pat, The Parakeet	pp	1-3
Kate, The Cat	pp	1-3
Gomar, The Gosling	p	1-3
Skippy, The Skunk	p	1-3
Sandy, The Swallow	p	1-3
Sally, The Screech Owl	1	1-4
Pudgy, The Beaver	1	1-4
Hamilton, The Hamster	1	1-4
Horace, The Horse	1	1-4

Alley Alligator Series - Benefic Press

TITLE	READING LEVEL
Alley Alligator	pp
Alley Alligator and The Fire	p
Alley Alligator and The Hurricane	1
Alley Alligator and The Airboat Race	2
Alley Alligator and The Hunters	3

The First Reading Books by Dolch - Garrard Publisher
Reading level: approximately grade 1 Interest level: 1-4

TITLE

In The Woods
Monkey Friends
On the Farm
Tommy's Pets
Zoo Is Home
Once There Was A Bear
Once There Was A Cat
Once There Was A Dog
Once There Was An Elephant
Once There Was A Monkey
Once There Was A Rabbit
Big, Bigger, Biggest
Dog Pals
Friendly Birds
I Like Cats
Some Are Small

The Basic Vocabulary Series by Dolch - Garrard Publisher
Their reading level is Grade 2 and their interest level ranges from Grades 1-6.

TITLE

Folk Stories
Animal Stories
"Why" Stories
Pueblo Stories
Tepee Stories
Wigwam Stories
Lodge Stories
Horse Stories
Irish Stories
Navaho Stories
Dog Stories
More Dog Stories
Elephant Stories
Bear Stories
Lion and Tiger Stories
Circus Stories

BIRDS

TITLE	AUTHOR	PUBLISHER	READING LEVEL
Pretty Bird	Derman	Benefic	P
The True Book of Birds We Know	Friskey	Childrens	1
Red Feather	Moroomb	Lyons & Carnahan	1
Birds in the Sky	Hawkenson	Childrens	1.0
Albert the Albatross	Hoff	Harper	1.7
Are You My Mother	Eastman	Random	1.7
Mr. Barney's Beard	Taylor	Follett	1.7
Little Crow	Oswald	Heath	1.8
What is A Bird	Darby	Benefic	Easy 2
Birds	Watson	Golden	Easy 2
Johnny Crow's Garden	Brooke	Warne	Easy 2
Birds	Wasson	Follett	2.0
Flyingest Robin	Thayer	Melmont	2.0
Ruby Throat, Story of a Hummingbird	McClung	Morrow	2.0
Sam and the Firefly	Eastman	Random	2.0
Friendly Birds	Dolch	Garrard	2.1
Cappy Cardinal	O'Leary	Steck	2.4
Mr. Wren's House	Brock	Knopf	2.5
Tony's Birds	Selsam	Harper	2.6
Robin Fly South	Gates	Macmillan	2.7
Mr. and Mrs. Hummer	Saxson	Heath	2.9
Birds Do the Strangest Things	Hornblow	Random	2.9
Robins on the Windowsill	Eberle	Crowell	Hard 2
Your Parakeet	Foster	Melmont	Hard 2
A Bird in the Family	Brenner	Young Scott	Easy 3
Eagle Feather	Bulla	Crowell	Easy 3
Robin Fly South	Gates	Macmillan	Easy 3
John James Audubon; Bird Artist	Ayars	Garrard	3.0
Oliver Pete is a Bird	Fenton	Day	3.0
Jr. Science Book of Bird Life	Pierce	Garrard	3.0
Robins	Mason	Follett	3.2
Birds in the Big Woods	Blough	Harper	3.2
Otis, Story of a Screech Owl	McClung	Morrow	3.4
Whoo Whoo	Barr	Walck	3.5
Jr. Science Book of Penguins	Lauber	Garrard	3.5
About Eggs and Creatures that Hatch from Them	Uhi	Melmont	3.6
Hummingbirds	John	Follett	3.6
Parakeets	Zim	Morrow	3.7
Man Who Loved Books	Kenneston	Harvey	3.8
Peevish Penguin	Goodenow	Follett	4.0
Restless Robin	Flack	Houghton	4.1
Eddie and Louella	Haywood	Morrow	4.2
Wild Goose Tale	Gage	World	4.2
It's Nesting Time	Gans	Crowell	4.3
Elf Owl	Buff	Viking	4.4
I Wonder Why, Thought the Owl	Bevans	Putnam	4.5
Traveling With the Birds	Boulton	Donahue	4.5
Birds Eat and Eat and Eat	Gans	Crowell	4.5
Mystery of the Gulls	Whitney	Westminster	4.6
Birds at Night	Gans	Crowell	4.7
Living Science Birds	Parker	Grosset	4.7

BIRDS

TITLE	AUTHOR	PUBLISHER	READING LEVEL
Adventures of Bob White	Burgess	Grosset	4.7
Birds	Parker	Row	4.7
Parrot Book	Gergely	Golden	4.8
Longlegs the Heron	Burgess	Grosset	4.8
Bixie and the Secret Message	Slobodkin	Macmillan	4.9
Bird in Art	Gracza	Lerner	4.9
Mr. Popper's Penguins	Atwater	Little, Brown	Hard 4
Story of Birds of North America	Wheeler	Harvey	5.0
Animal Travels	Parker	Row	5.0
Honker-Story of a Wild Goose	McClung	Morrow	5.1
First Book of Birds	Williamson	Watts	5.1
Bird Study	Boy Scouts	Boy Scouts 193[illegible]	5.2
How and Why Wonder Book of Birds	Mathewson	Grosset	5.3
Owls	Zim	Morrow	5.3
Birds at Home	Henry	Donahue	5.3
Old Bill, The Whooping Crane	Lippincott	Lippincott	5.4
Lost on Hawk Mountain	Stuart	Whitman	5.4
Birds Everywhere	Borst	Whitman	5.4
Birds Around Us	Stuart	Whitman	5.4
Birds in Flight	Kirk	Follett	5.5
Birds We Live With	Fenton & Kitchen	Day	5.5
A Guide to the Most Familiar American Birds	Zim & Gabrielson	Golden	5.8
Seven Chicks Missing	Barr	Golden	5.9
All About Birds	Lemon	Random	5.9
The White Falcon	Ogburn	Houghton	6.5
Poems of Ralph Waldo Emerson	Emerson	Crowell	6.7
Bird Houses	Perry	Bennet	6.9

CATS

TITLE	AUTHOR	PUBLISHER	READING LEVEL
Shadow The Cat	Osswald	Heath	p
Nothing But Cats, Cats, Cats	Skaan	Young Scott	p
Cat Who Thought He Was A Tiger	Cameron	Putnam	1.0
Where's the Kitty	Carroll	Walck	1.0
Cat Book	Pfloog	Golden	1.2
Once There Was A Cat	Dolch	Garrard	1.2
Little Runaway	Hillert	Follett	1.3
Fraidy Cat	Asheron	Gosset & Dunlap	1.3
Case of the Cat's Meow	Bonsali	Harper	1.5
That Cat 1-2-3	Martin	Putnam	1.6
One Kitten Is Not Too Many	Levenson	Grosset	1.6
Cat and Dog	Minarek	Harper & Bros.	1.6
Real Kitten	Holl	Heath	1.7
Grabianski's Cats	Grabianski	Watts	1.9
Boss Cat	Hunters	Scribner	1.9
One Kitten Too Many	Bradbury	Houghton Mifflin	Easy 2
Once There Was A Cat	Dolch	Garrard	Easy 2
Your Kitten	Foster	Melmont	Easy 2
The Curious Little Kitten	Book	Young Scott	Hard 2
Mr. Cat's Wonderful Surprise	Chalmers	Harper	Hard 2
A Big Ball of String	Holland	Random House	Hard 2
Joey and Patches	Johnson	Morrow	2.0
O'Leary and Friends	Berg	Follett	2.0
Minou	Francoise	Scribner	2.0
Cats	Bronson	Harcourt	2.0
I Like Cats	Dolch	Garrard	2.2
Belling, The Cat	Jacobs	Golden	2.2
About Your Kitten	Foster	Melmont	2.3
Fire Cat	Averill	Harper	2.4
Scat, Scat	Francis	Platt and Monk	2.4
Tiger Book	Pfloog	Golden	2.5
Snowshoe Paws	Johnson	Morrow	2.5
Cat Becomes Contented	Gates	Macmillan	2.6
Where's Kit	Fleishman	Whitman	2.6
Christmas Kitten	Konkle	Childrens Press	2.6
Cat In The Hat	Seuss	Random	2.7
Cat In The Hat Comes Back	Seuss	Random	2.7
The Way Mothers Are	Schlein	Whitman	2.7
Home for My Kittens	Deletaille	Golden	2.7
Mr. Bumba Draws A Kitten	Harwood	Lerner	2.7
Wobble, The Witch Cat	Calhoun	Morrow	Easy 3
A Cat Becomes Contented	Gates	MacMillan	Easy 3
Millions of Cats	Gag	Coward	Easy 3
The Pussy Who Went To The Moon	Thayer	Morrow	Easy 3
The Valentine Cat	Bulla	Coward	Hard 3
The Nine Lives of Homer C. Cat	Calhoun	Morrow	Hard 3
When It Rained Cats and Dogs	Turner	Lippincott	Hard 3
The Winter Cat	Knotts	Harper Row	3.0
Tell Me Cat	Fisher	Whitman	3.0
Junior Science Book of Big Cats	Lemmon	Garrard	3.0
My Own Little Cat	Norband	Coward	3.0
Flicka, Ricka, Dicka "Three Kittens"	Lindman	Whitman	3.0

CATS

TITLE	AUTHOR	PUBLISHER	READING LEVEL
If You Were A Cat	Russell	Childrens	3.4
Puss in Boots	Latham	Bobbs	3.4
Jenny's Moonlight Adventure	Averil	Harper	3.7
Jenny's First Party	Averil	Harper	3.7
The Last Little Cat	Dejong	Harper	3.7
Kittens ABC	Newberry	Harper	3.7
April's Kittens	Newberry	Harper	3.7
Kitten Nell	Bruna	Follett	3.7
Ululu, Midnight Cat	Reinke	Milliken	3.8
Solomons Search	Holman	Grosset & Dunlap	3.9
Where's Willie	Reit	Golden	3.9
Whatever Happens to Kittens	Hall	Golden	3.9
Mr. Blue	Embry	Holiday	3.9
Ghost Cat	Rushmore	Harcourt	4.0
Space Cat and the Kitten	Todden	Scribner	4.0
Cat Called Room 8	Finley	Garrard	4.0
Cats From Summer Island	Unnerstad	Macmillan	4.0
Smudge	Newberry	Harper	4.3
Gray Shadow	Johnson	Morrow	4.7
CATS	Aronson	Harcourt	4.9
Dick Whittington and His Cat	Brown	Scribner	Hard 4
Puss in Boots	Fischer	Harcourt Brace	Hard 4
Puss in Boots	Brown	Scribner	5.0
Cat and Mrs. Cary	Gates	Viking	5.0
Way Mothers Are	Schlein	Whitman	5.0
Mr. Black's Secret	Barr	Walch	5.3
Drawing Cats	Cook	Putnam	5.5
My Big Book of Cat Stories	Segur	Golden	5.5
Cat Tales	Betting	Holt	5.6
The Cats and Rosemary	Swinerton	Knopf	5.6
Cat Who Went To Heaven	Coatsworth	Macmillan	5.6
It's Like This, Cat	Neville	Harper	5.8
All About Cats	Burger	Random	6.2
It's Like This, Cat	Neville	Harper Row	6.9

DOGS

TITLE	AUTHOR	PUBLISHER	READING LEVEL
Go Dog, Go!	Eastman	Random House	p
My Dog Laddie	Osswald	Heath	p
All About Dogs, Dogs, Dogs	Skaan	Young Scott	p
The Very Little Dog	Skaan	Young Scott	p
Poler Dog	Derran	Benefic	1
Tommy's Pets	Dolch	Garrard	1
Rusty Wants a Dog	Heeger	Macmillan	1
Pets Around The World	Jackson	Morrow	1
Big Lonely Dog	Harris	Houghton Mifflen	1-2
Runaway Puppy	Johnson	Harcourt Brace	1-2
The Smallest Puppy	Johnson	Harcourt Brace	1-2
The Story of Rickey	Johnson	Harcourt Brace	1-2
My Dog Rinty	Tarry and Ets	Viking	1-2
Chips	Thorne and Moran	Winston	1-2
Somebody's Pup	Brown	Watts	Easy 2
Big Puppy and Little Puppy	Black	Holiday	Easy 2
Too Many Dogs	Dupse	Putnam	Easy 2
A Part-Time Dog for Rick	Denison	Dodd, Mead	Easy 2
My Puppy	Foster	Melmont	Easy 2
Two Dog Biscuits	Cleary	Morrow	Hard 2
Dog Stories	Dolch	Garrard	Hard 2
Dog Pals	Dolch	Garrard	Hard 2
Animal Stories	Dolch	Garrard	Hard 2
Houn' Dog	Calhoun	Morrow	Hard 3
The Poly Little Puppy	Lourey	Viking	Hard 3
Harry The Dirty Dog	Zion	Harper	Hard 3
Hamlet, A Cocker Spaniel	Black	Holiday	3-4
Fast Sooner Hound	Bontemps & Conroy	Houghton Mifflin	3-4
Five Puppies For Sale	Brann	Macmillan	3-4
Foxie	D'Aulaire	Doubleday	3-4
Burlap	Dennis	Viking	3-4
Black Bruce	Johnson	Harcourt Brace	3-4
Gay, A Shetland Sheep Dog	Johnson	Morrow	3-4
Derry, The Wolfhound	Johnson	Harcourt Brace	3-4
Barney of the North	Johnson	Harcourt Brace	3-4
Rex Of The Coast Patrol	Johnson	Harcourt Brace	3-4
Rolf, An Elkhound Of Norway	Johnson	Harcourt Brace	3-4
Tim, Dog Of The Mountains	Johnson	Harcourt Brace	3-4
Vicki, A Guide Dog	Johnson	Harcourt Brace	3-4
Robbie, The Brave Little Collie	L'Hommedieu	Lippincott	3-4
Skippy, The Little Skye Terrier	L'Hommedieu	Lippincott	3-4
Nipper, The Little Bull Pup	L'Hommedieu	Lippincott	3-4
Tinker, The Little Fox Terrier	L'Hommedieu	Lippincott	3-4
Mac Gregor, The Little Black Scottie	L'Hommedieu	Lippincott	3-4
Rusty, The Little Red Dachshund	L'Hommedieu	Lippincott	3-4
Togo, The Little Husky	L'Hommedieu	Lippincott	3-4
Spot, The Dalmatian Pup	L'Hommedieu	Lippincott	3-4
Tyke, The Little Mutt	L'Hommedieu	Lippincott	3-4
Leo, The Little St. Bernard	L'Hommedieu	Lippincott	3-4
Huckleberry Hound	Melming	Golden	
Pete	Robinson	Viking	
The First Book Of Dogs	Taber	Watts	

DOGS

TITLE	AUTHOR	PUBLISHER	READING LEVEL
A Treasury Of Dog Stories	Cavanah	Rand McNally	5-6
Patch	Elting	Doubleday	5-6
Dogs? Dogs? Dogs?	Fenner	Watts	5-6
Vic, A Dog Of The Prairies	Hinkle	Morrow	5-6
Shep, A Collie	Hinkle	Morrow	5-6
Tawney, A Dog Of The Old West	Hinkle	Morrow	5-6
Jube, A Trapper's Dog	Hinkle	Morrow	5-6
Lassie Comes Home	Knight	Winston	5-6
Panuck, Eskimo Sled Dog	Machetanz	Scribner	5-6
Skippy's Family	Meader	Harcourt Brace	5-6
Silver Chief, Dog Of The North	O'Brien	Winston	5-6
Return Of Silver Chief	O'Brien	Winston	5-6
Silver Chief To The Rescue	O'Brien	Winston	5-6
Ketch Dog	Phelps	MacRae	5-6
Bonny's Boy	Rechintzer	Winston	5-6
Lost Dog Jerry	Robinson	Viking	5-6
Muddy Paws	Smith	Crowell	5-6
The Real Book About Dogs	Sherman		

FISH STORIES

TTTLE	AUTHOR	PUBLISHER	READING LEVEL
Jerry Goes Fishing	Battle	Beckley Cardy	1
The Clean Brook	Bartlett	Crowell	1
The Little Fish That Got Away	Cook	Young Scott	1
Water Babies Circus	Disney	Heath	1
One Fish, Two Fish, Red Fish, Blue Fish	Dr. Seuss	Random	1
What is a Fish	Darby	Benefic	Easy 2
Plenty of Fish	Selsam	Harper	Easy 2
I Want to be a Fisherman	Greene	Childrens	Hard 2
A Fish Out of Water	Palmer	Random	Hard 2
Goldfish	Zim	Morrow	Hard 2
Your First Book of Salt Water Fishing	Cook	Watts	Easy 4
Tozza, The Coral Trout	Shields	Blair	Hard 4

FARMING AND FARM ANIMAL STORIES

TITLE	AUTHOR	PUBLISHER	READING LEVEL
Hundreds of Turkeys	Osswald	Heath	p
Frisky the Goat	Osswald	Heath	p
The Little Crow	Osswald	Heath	p
Biddy and the Ducks	Sondergaard	Heath	p
I Know a Farm	Collier	Scott	1
What Is A Turtle	Darby	Benefic	1
Gertie The Duck	Georgiady	Follett	1
Zeke The Raccoon	Holl	Heath	1
The True Book of Farm Animals	Lewellen	Childrens	1
In John's Back Yard	Meeks	Follett	1
The Farm Animals	Witty	Heath	1
Bantie and her Chicks	Boreman	Melmont	Easy 2
Christmas in the Barn	Brown	Crowell	Easy 2
A Tree is a Plant	Bulla	Crowell	Easy 2
Moo Loo, the Calf	Boreman	Melmont	Easy 2
Three Blind Mice	Ivimey	Warne	Easy 2
A Garden Picnic	Mosheim	Watts	Easy 2
Animal Tots	O'Brien	Steck	Easy 2
The Goat Who Learned to Count	Troysen	Webster	Easy 2
The True Book of Trees	Podendorf	Childrens	Easy 2
About Oil	Phillips	Melmont	Easy 2
Nomi & The Lovely Animals	Slobodkin	Vanguard	Easy 2
A Tree Is Nice	Udry	Harper	Easy 2
The Loneliest Chicken	Byrd	Macmillan	Hard 2
Where the Brook Begin	Bartlett	Crowell	Hard 2
Where's the Bunny	Carroll	Walck	Hard 2
What is a Chicken	Darby	Benefic	Hard 2
What is a Frog	Darby	Benefic	Hard 2
What is a Tree	Darby	Benefic	Hard 2
Little Pig's Picnic and Other Stories	Disney	Heath	Hard 2
Little Bear Bumble	Evans	AW Co.	Hard 2
The Green Thumb Story	Fiedler	Holiday	Hard 2
Garden Dwellers	Gibson	Melmont	Hard 2
The Lone Wolf	Hogan	Dutton	Hard 2
Where's Prancer	Hoff	Harper	Hard 2
Cotton Growing	Harvey	Melmont	Hard 2
The Littlest Rabbit	Kraus	Harper	Hard 2
The Ugly Duckling	Latham	Bobbs-Merrill	Hard 2
Blueberries for Sal	McCloskey	Viking	Hard 2
True Book of Rocks And Minerals	Podendorf	Childrens	Hard 2
True Book of Pets	Podendorf	Childrens	Hard 2
True Book of Animal Homes	Podendorf	Childrens	Hard 2
A Pig for Tom	Palazzo	Garrard	Hard 2
Jan and the Reindeer	Palazzo	Garrard	Hard 2
Emmett's Pig	Stolz	Harper	Hard 2
Underneath My Apple Tree	Stearns	Lippincott	Hard 2
The Hole in the Hill	Seyton	Follett	Hard 2
Wake Up, Farm	Tresselt	Lothrop	Hard 2
No Roses for Harry	Zion	Harper	Hard 2
Rabbits	Zim	Morrow	Hard 2
Owls	Zim	Morrow	Hard 2
Goldfish	Zim	Morrow	Hard 2

FARMING AND FARM ANIMAL STORIES

TITLE	AUTHOR	PUBLISHER	READING LEVEL
Golden Hamsters	Zim	Morrow	Hard 2
Frogs and Toads	Zim	Morrow	Hard 2
A Hat With A Rose	Zemach	Dutton	Hard 2
From Sugar Beets to Beet Sugar	Allee	Melmont	Easy 3
Country Boy	Buck	Abingdon	Easy 3
Big Red Barn	Brown	Young Scott	Easy 3
Wait for the Sunshine	Blough	Lyons & Carnahan	Easy 3
Little Wolf and the Thunder Stick	Chandler	Benefic	Easy 3
I Like Caterpillars	Conklin	Holiday	Easy 3
The Little Indian Pottery Maker	Clark	Melmont	Easy 3
George Washington Carver	Epstein	Garrard	Easy 3
The House of Four Seasons	Duvoisin	Lothrop	Easy 3
Thanksgiving Story	Dalgleish	Scribners	Easy 3
What is a Cow	Darby	Benefic	Easy 3
What is a Butterfly	Darby	Benefic	Easy 3
Animal Stories	Dolch	Garrard	Easy 3
Susan and the Sheep	Gates	Macmillan	Easy 3
Let's Go Outdoors	Huntington	Doubleday	Easy 3
After the Sun Sets	Huber	Row, Peterson	Easy 3
We Are a Family	Hogan	Dutton	Easy 3
Koala Bear's Walkabout	Hewett	Sterling	Easy 3
The Tale of the Turnip	Hewett	McGraw-Hill	Easy 3
The Wee Tree's Christmas	Hatch	Hatch, Kinderhook	Easy 3
The Bear Who Saw the Spring	Kuskin	Harper	Easy 3
Frogs Merry	Kepes	Merrill	Easy 3
Manners Can Be Fun	Leaf	Lippincott	Easy 3
The Wishing Pool	Leaf	Lippincott	Easy 3
They Were Strong & Good	Lawson	Viking	Easy 3
Growing Oranges	Miller	Melmont	Easy 3
The Rice Bowl Pet	Martin	Crowell	Easy 3
The Little Brown Hen	Martin	Crowell	Easy 3
What Good is a Tail	Russell	Bobbs-Merrill	Easy 3
Growing Oranges	Traver	Melmont	Easy 3
Four Leaf Clover	Will & Nicolas	Harcourt	Easy 3
The Animal Train	Woolley	Morrow	Easy 3
In My Garden	Zolotow	Lothrop, Lee	Easy 3
Red is Never a Mouse	Clifford	Bobbs-Merrill	Hard 3
Chuck Woodchuck's Secret	Christensen	Holt	Hard 3
The Flower	Downer	Scott	Hard 3
Ching-Ting and the Ducks	Fribourg	Sterling	Hard 3
A Pocketful of Seasons	Foster	Lothrop, Lee	Hard 3
Grasshoppers and Crickets	Hogner	Crowell	Hard 3
The Biggest Pine Tree	Hayles	Melmont	Hard 3
Pear Shaped Hill	Leitner	Myers	Hard 3
The Cock, The Mouse and the Little Red Hen	Lefevre	Macrae, Smith	Hard 3
Make Way for Ducklings	McCloskey	Viking	Hard 3
Whitetail	Montgomery	World	Hard 3
The Egg Tree	Milhous	Scribner	Hard 3
Whitefoot Mouse	Peterson	Holiday	Hard 3
Jim Forest and the Lone Wolf Gulch	Rambeau	Wagner	Hard 3

FARMING AND FARM ANIMAL STORIES

TITLE	AUTHOR	PUBLISHER	READING LEVEL
The Butterfly Chase	Trez	World	Hard 3
The Frog in the Well	Tresselt	Lothrop	Hard 3
First Book of Bugs	Williamson	Watts	Hard 3
Magnificent Mr. Toad	Disney	Maxton	Hard 3
The Fisherman and His Boat	Floethe	Scribner	Hard 3
Animals that Help Us	Fenton	Day	Hard 3
The Acorn Tree	Angelo	Viking	Easy 4
Luther Burbank	Burt	Bobbs-Merrill	Easy 4
The Golden Goose	Brook	Warne	Easy 4
The Tree on the Road to Turntown	Blough	Abingdon	Easy 4
Lookout for the Forest	Blough	Abingdon	Easy 4
Not Only for Ducks	Blough	Abingdon	Easy 4
I Like Butterflies	Conklin	Holiday	Easy 4
Flatboats and Wagon Wheels	Comfort	Beckly-Cardy	Easy 4
Little Maverick Cow	Coates	Scribner	Easy 4
Roger and Fox	Davis	Doubleday	Easy 4
The Top Band of Lone Tree Ranch	Davis	Crowell	Easy 4
Here Comes the Bears	Gouley	Scribner	Easy 4
The Bashful Bear	Goodanow	Follett	Easy 4
Sheep on the Ranch	Israel	Melmont	Easy 4
Safety Can Be Fun	Leaf	Lippincott	Easy 4
Deer in the Snow	Schlein	Abelard	Easy 4
The Rabbit Garden	Tufts	Lothrop	Easy 4
Dan Morgan, Rifleman	Tucker	Wheeler	Easy 4
The Blueberry Pie Elf	Thayer	Morrow	Easy 4
The Little Flower Girl	Tate	Lothrop	Easy 4
Windows for Rosemary	Vance	Dutton	Easy 4
The Christmas Mouse	Wanning	Holt, Rinehard	Easy 4
Constance the Honeybee	Agle	Winston	Hard 4
Once a Mouse	Brown	Scribner	Hard 4
The Little Fir Tree	Brown	Crowell	Hard 4
First Book of Gardening	Carter	Watts	Hard 4
How to Read a Rabbit	Fritz	Coward	Hard 4
Grindstone Farm	Lent	Macmillan	Hard 4
Hanpy Pipe and the Goat	Martin	Lothrop	Hard 4
Trees for Tomorrow	Russell	Melmont	Hard 4
The Tidy Hen	Raines	Harcourt	Hard 4
The Christmas Donkey	Seymour	Blair	Hard 4
Play with Leaves and Flowers	Selsam	Morrow Junior	Hard 4
First Book of Bees	Tibbets	Watts	Hard 4
The Buffalo are Running	Tavo	Knopf	Hard 4
Antelope Singer	Underhill	Coward	Hard 4
Little Brown Bear	Upham	Platt and Munk	Hard 4

HORSES

TITLE TITLE	AUTHOR	PUBLISHER	READING LEVEL
Jerry Goes Riding	Battle	Beckley Cardy	p
Pony Ride	Dermon	Benefic	p
Maybelle The Donkey	Sondergaurd	Heath	p
Cowboy Sam and Flop	Chandler	Scott	1
Cowboy Andy	Chandler	Scott	1
Little Black Pony	Farley	Random	1.0
Robert, the Race Horse	Heilbroner	Random	1.0
Indian Two Feet and His Horse	Friskey	Scholastic	1.2
Lucille	Lobel	Harper	1.5
Alexander	Littledale	Par. Mag.	1.5
Peanuts the Pony	Sondergard	Heath	1.7
Chester	Itoff	Harper	1.8
Little Black Goes To the Circus	Farley	Random	1.8
Timmy Gets His Horse	Dreifus	Putnam	Easy 2
Hey Horses	Palazzo	Garrard	2.0
I Have a Horse	Zolotow	Abelard	2.0
Buster, the Burro	Gates	Macmillan	2.1
Old Rosie, the Horse Nobody Understood			
Star of Wild Horse Canyon	Bulla	Crowell	2.9
Morris is a Cowboy	Wiseman	Harper	Hard 2
Where's Prancer	Hoff	Harper	Hard 2
The Brave Cowboy	Anglund	Harcourt Brace	Easy 3
The Camel Who Took A Walk	Duvoisin	Aladdin	Easy 3
The True Book of Cowboys	Martini	Childrens	Easy 3
The Horse With The Easter Bonnet	Thayer	Morrow	Easy 3
The Donkey Sat Down	Warren	Steck	Easy 3
Star of Wild Horse Canyon	Bulla	Scholastic	3.0
The American Mustang	Adrian	Hastings	3.0
Gee Whillikins	Sharp	Steck	3.0
Alec Majors	Anderson	Webster	3.0
Bucking Horse	Beatty	Houghton	3.0
Found; One Orange Brown Horse	Lauber	Random	3.1
Snip, Snap, Snurr, Magic Horse	Lindman	Whitman	3.2
Billy and Blaze	Anderson	Macmillan	3.3
All My Horses	Steiner	Lerner	3.4
Crooked Colt	Anderson	Macmillan	3.5
Horses	McMeekin	King Co.	3.5
Mr. Bumbas Four Legged Company	Harwood	Lerner	3.7
Horse for Sherry	Barr	Walck	3.7
Casey, the Utterly Impossible Horse	Feagles	Scholastic	3.7
Snowy, the Little White Horse	Reynolds	Golden	3.8
Kelpie, a Shetland Pony	Johnson	Morrow	3.8
Little Horse That Raced a Train	Goldberg	Scholastic	3.9
Blue Canyon Horse	Clark	Viking	3.9
Calico The Wonder Horse	Burton	Houghton Mifflin	Hard 3
Three Dollar Mule	Bulla	Crowell	Hard 3
Rodeo	Bracken	Watts	Hard 3
Lance and His First Horse	Holt	Whittlesey	Hard 3
A Pony for the Winter	Kay	Ariel	Hard 3
A Little Donkey	Matias	Walck	Hard 3

HORSES

TITLE	AUTHOR	PUBLISHER	READING LEVEL
A Pony Called Lightning	Mason	Macmillan	Hard 3
Silver Stallion	Martin	Winston	Hard 3
A Boy and His Horse	Skaar	Scott	Hard 3
Cowboy's Secret Life	Anglund	Harcourt Brace	Easy 4
I Would Like to Buy a Pony	Barach	Harper	Easy 4
The River Horse	Frey	Scott	Easy 4
Shorty's Mule	Franklin	Houghton Mifflin	Easy 4
Tizz	Bialk	Childrens Press	4.0
Tizz Takes a Trip	Bialk	Childrens Press	4.0
Tizz in Cactus County	Bialk	Childrens Press	4.0
Tizz and Company	Bialk	Childrens Press	4.0
Jingo, Wild Horse of Abaco	Arundel	McGraw	4.0
Golden Stallion and the Wolf Dog	Montgomery	Grosset	4.2
Blaze Finds the Trail	Anderson	Macmillan	4.3
Horse in No Hurry	Weiss	Putnam	4.3
Mr. Penny's Race Horse	[illegible]	Viking	4.4
Horse Who Lived Upstairs	McGinley	Lippincott	4.5
Lost Horse	Walch	Grosset	4.5
Horse Who Had His Pictures In the Papers	McGinley	Lippincott	4.5
High Hurdles	Lambert	Grosset	4.5
Pony of the Sioux	Pearson	Doubleday	4.5
Mountain Pony	Larom	Grosset	4.7
Little Appaloosa	Hadar	Macmillan	4.7
Golden Stallion's Revenge	Montgomery	Grosset	4.7
Mustang, Wild Spirit of the West	Henry	Rand McNally	4.8
Black Stallion's Sulky Colt	Farley	Random	4.8
Island of Horses	Dillon	Funk	4.9
Point To Point	Herbert	Follett	4.9
Filly For Joan	Anderson	Macmillan	4.9
First Book of Cowboys	Brewster	Watts	Hard 4
Cowboys and Cattle Trails	Garst	Wheeler	Hard 4
Poncho and the Pink Horse	Smith	Macmillan	Hard 4
Please Don't Feed Horace	Young	Dial	Hard 4
Great Stories About Horses	Edwards	Hart	5.0
King of the Wind	Henry	Rand McNally	5.0
The Indian Horse Mystery	Adrian	Hastings	5.0
Silver Dawn	Johnson	Marrow	5.1
Justin Morgan Had a Horse	Henry	Rand McNally	5.1
Stormy, Misty's Foal	Henry	Rand McNally	5.1
Another Man O'War	Anderson	Macmillan	5.1
Sand Dune Pony Mystery	Folsom	Harvey	5.1
Wild Palomino	Holt	Grosset	5.1
Silver Dawn	Johnson	Morrow	5.1
Blood Bay Colt	Farley	Random	5.2
Black Stallion's Filly	Farley	Random	5.2
Godenzio, Pride of the Palio	Henry	Rand McNally	5.2
Lost Pony	Coggrey	Scholastic	5.2
Old Bones, the Wonder Horse	Mastin	Scholastic	5.2
White Stallion of Lippizio	Henry	Rand McNally	5.3
Arabian Cow Horse	Young	Follett	5.3
Midnight	Montgomery	Scholastic	5.3

HORSES

TITLE	AUTHOR	PUBLISHER	READING LEVEL
Runaway Pony, Runaway Dog	Latrobe	Walck	5.4
Mountain Pony and the Rodeo Mystery	Larom	Grosset	5.4
Smokey, the Cowhorse	James	Scribner	5.4
Island Stallion Races	Farley	Random	5.4
Sea Star, Orphan of Chincoteague	Henry	Scholastic	5.4
Buckboard Stranger	Meader	Harcourt	5.5
Album of Horses	Henry	Rand McNally	5.5
Bluegrass Champion	Lyons	Grosset	5.7
Black Beauty	Sewell	World	5.8
Six Great Horse Rides	Talmadge	Putnam	5.8
A Horse of Her Own	Hudnet	Scholastic	5.9
The Superlative Horse	Merrill	Scholastic	5.9
How and Why Wonder Book of Horses	Self	Grosset	6.0
Black Stallion Revolts	Farley	Random	6.1
All About Horses	Henry	Random	6.2
Ride a Northbound Horse	Wormser	Scholastic	6.2
Black Storm	Hinkle	Scholastic	6.3
Christmas Horse	Lelch	Scholastic	6.4
Midnight, Champion Bucking Horse	Savitt	Scholastic	6.4
Shamrock Queen	Henry	Scholastic	6.9
The Green Grass of Wyoming	O'Hara	Dell	7.4
Tame the Wild Stallion	Williams	Prentice	7.5
My Friend Flicka	O'Hara	Dell	7.8
Thunderhead	O'Hara	Dell	7.9
Beyond Rope & Fence	Grew	Grossett	7.9
Horse Fever	Johnson	Grossett	7.9

MISCELLANEOUS ANIMALS

TITLE	AUTHOR	PUBLISHER	READING LEVEL
Animals With Pockets	Lecht	American Book Co.	p
Who Are You?	Sharp	Steck	p
Go, Dog, Go	Eastman	Random House	p
Red Robin Fly Up		Readers Digest	1.9
After The Sun Goes Down	Blough	McGraw Hill	1-4
Jungles	Podendorf	King Co.	1.8
The Road Runner	Munch	Steck	1
What Fox Did Not Know		Kenworthy	1
The Jack Rabbit	DeVault	Steck	1
Coyote's Powwow	Gilliland	Montana Ind. Pub.	1
Billy and Blaze	Anderson	Macmillan	1-2
Blaze and The Forest Fire	Anderson	Macmillan	1-2
Blaze and The Gypsies	Anderson	Macmillan	1-2
Blaze Finds The Trail	Anderson	Macmillan	1-2
Little Wild Horse	Beatty	Houghton Mifflin	1-2
Andy and The Lion	Dougherty	Viking	1-2
Holiday	Dennis	Viking	1-2
Pete The Crow	Dugo	Viking	1-2
Michael The Colt	Garbutt	Houghton Mifflin	1-2
The Little Appaloosa	Hader	Macmillan	1-2
The Little Fellow	Henry	Winston	1-2
The Leaky Whale	Johnson	Houghton Mifflin	1-2
Katy No-Pocket	Payne	Houghton Mifflin	1-2
Curious George	Rey	Houghton Mifflin	1-2
Curious George Takes A Job	Rey	Houghton Mifflin	1-2
Cecily G and The Nine Monkeys	Rey	Houghton Mifflin	1-2
Buttons	Robinson	Viking	1-2
Animals Of The Sea and Shore	Podendorf	King Co.	2.2
Beavers	Wood	Follett	2
The North American Bighorn Sheep	Adrian	Hastings House	2
Hummingbirds	John	Follett	2
The American Buffalo	Pearson	Steck	2
Dinosaurs	Clark	King Co.	2.6
Little Lost Bobo	Sharp	Steck	2
Salmon	Dillon	Follett	2
Tropical Fishes	Brockel	King Co.	2.5
Frogs and Toads	Schoenknecht	Follett	2
The Goat Who Ate Flowers	deLeeuw	Steck	2
Old Charlie	Bulla	Scholastic	2.5
Ants	Schoenknecht	Follett	2
Butterflies	Brovillette	Follett	2
Curious George Rides A Bike	Rey	Scholastic	2
Henry	Vreeken	Follett	2
A Rhinocerous? Preposterous!	Schatz	Steck	2
Snakes	Meeks	Follett	2
The Jungle Book		Fearon	2
Animals Of Small Pond	Podendorf	King Co.	2.8
Pets And Friends	Myers	Heath	2
Big, Bigger, Biggest	Dolch	Garrard	2
Hunting Grizzly Bears		Benefic	3
Wild Animals I Have Known	Seton	Webster	3
The North American Wolf	Adrian	Hastings House	3
Mr. Popper's Penguins	Atwater	Lawson	3-4

MISCELLANEOUS ANIMALS

TITLE	AUTHOR	PUBLISHER	READING LEVEL
All About Pets	Bianco	Macmillan	3-4
More About Animals	Bianco	Macmillan	3-4
Maggie, A Mischievous Magpie	Black	Holiday	3-4
The Tree on The Road To Turntown	Blough	Whittlesey	3-4
Kristie And The Colt	Brock	Knopf	3-4
Scatter	Coblenz	Childrens Press	3-4
Blackie And His Family	Cook	Harcourt Brace	3-4
Ali's Elephant	Creekmore	Macmillan	3-4
The More The Merrier	Crew	Oxford	3-4
All The Year Round	Crew and Gall	Oxford	3-4
Here, There, And Everywhere	Crew & Gall	Oxford	3-4
The Littlest Reindeer	DeWitt	Childrens Press	3-4
Cattail House	Erickson	Childrens Press	3-4
Slip	Erickson	Childrens Press	3-4
The Story of Ferdinand	Leaf	Viking	3-4
Munya The Lion	Martin	Oxford	3-4
Herman The Pig	Mason	Macmillan	3-4
Happy Jack	Mason	Macmillan	3-4
Hoppity	Mason	Macmillan	3-4
Susannah, The Pioneer Cow	Mason	Macmillan	3-4
The Pigeoneers	Molloy	Winston	3-4
Midnight and Jeremiah	North	Winston	3-4
Honk The Moose	Stong	Dodd	3-4
The Raccoon Twins	Tompkins	Lippincott	3-4
The Snowshoe Twins	Tompkins	Lippincott	3-4
The Beaver Twins	Tompkins	Lippincott	3-4
The Polar Bear Twins	Tompkins	Lippincott	3-4
Tropical Mammals	Hoke	King Co.	4.3
Wild Birds	Amadon	King Co.	4.6
Coyote For Keeps	Johnson	Dell	4
From Then To Now	Leventhal	Simon & Schuster	4
Mighty Mo	Arundel	McGraw Hill	4
Gordo and The Hidden Treasure	Sharp	Steck	4
Charlotte's Webb	White	Dell	4
The Snake That Went To School	Moore	Scholastic	4
Beaver Business	Rounds	Prentice-Hall	5
Old Yeller	Gipson	Scholastic	5
Bird Watching	Pettit	King Co.	5.8
Chi Chi's Magic	Sharp	Steck	5
Wildlife At Your Doorstep	Rounds	Prentice-Hall	5
Swamplife	Rounds	Prentice-Hall	5
Peter Turns Sheepman	Burt	Holt	5-6
A Treasury of Dog Stories	Dennis	Rand McNally	5-6
Patch	Elting	Doubleday	5-6
Wild Animals of The Southwest	Franklin	Houghton Mifflin	5-6
Monte	Franklin	Houghton Mifflin	5-6
Wild Animals of the 5 Rivers County	Franklin	Houghton Mifflin	5-6
Vulpes The Red Fox	George	Dutton	5-6
Vision The Mink	George	Dutton	5-6
Meph, The Pet Skunk	George	Dutton	5-6
The Defender	Kalashnikoff	Scribner	5-6
Osa Johnson's Animal Friends	Johnson	Lippincott	6

MISCELLANEOUS ANIMALS

TITLE	AUTHOR	PUBLISHER	READING LEVEL
Adventures With Animals	Sandrus	Scott Foresman	6
Big Red	Kjellgard	Scholastic	6
Wildlife of South America	Shuttleworth	Hastings House	7
Yellow Eyes	Montgomery	Scholastic	7
Best Loved Dog Stories	Terhume	Grosset	7
Roping Lions In The Grand Canyon	Grey	Grosset	8

MYSTERY STORIES

Sports Mystery Series, by Evelyn Lunemann - Benefic Press

TITLE	READING LEVEL	INTEREST LEVEL
Ten Feet Tall	2	4-12
No Turning Back	2	4-12
Fairway Danger	3	4-12
Tip Off	3	4-12
Pitcher's Choice	3	4-12
Face Off	4	4-12
Swimmer's Mark	4	4-12
Tennis Champ	4	4-12

Mystery Adventure Series, by Henry A. Bamman - Benefic Press

TITLE	READING LEVEL	INTEREST LEVEL
Mystery Adventure Of The Talking Statues	2	4-12
Mystery Adventure Of The Jeweled Bell	2	4-12
Mystery Adventure At Cave Four	3	4-12
Mystery Adventure Of The Indian Burial Ground	4	4-12
Mystery Adventure At Longcliff Inn	5	4-12
Mystery Adventure Of The Smuggled Treasure	6	4-12

The Morgan Bay Mysteries, by John and Nancy Rambeau - Field Ed. Pub.

TITLE	READING LEVEL	INTEREST LEVEL
The Mystery of Morgan Castle	2.3	4-11
The Mystery of the Marble Angel	2.6	4-11
The Mystery of the Midnight Visitor	3.2	4-11
The Mystery of the Missing Marlin	3.5	4-11
The Mystery of the Musical Ghost	3.5	4-11
The Mystery of Monks' Island	3.7	4-11
The Mystery of the Marauder's Gold	3.9	4-11
The Mystery of the Myrmidon's Journey	4.1	4-11
Teacher's Manual for Series		

Mystery Stories by Gertrude Chandler Warner - Scott Foresman

TITLE	READING LEVEL
Caboose Mystery	4-6
Houseboat Mystery	4-6
Mountain Top Mystery	4-6
Schoolhouse Mystery	4-6
Snowbound Mystery	4-6
Tree House Mstery	4-6

MYSTERY

TITLE	AUTHOR	PUBLISHER	READING LEVEL
Case of the Cat's Meow	Bonsall	Harper	1.5
Mr. Pines Purple House	Kessler	Grosset	1.6
Mystery of the Broken Bridge	Friskey	Childrens	1.8
Mystery of the Gate Sign	Friskey	Childrens	1.8
Jim Forest and The Bandits	Rambeau	Field Ed.	1.9
Surprise in the Tea	Asheson	Grosset	2.1
Strange Disappearance of Arthur Clark	Berchley	Harper	2.6
Yellow House Mystery	Warner	Whitman	2.9
Jim Forest and the Mystery Hunter	Rambeau	Field Ed.	2
Jim Forest and the Flood	Rambeau	Field Ed.	2
Jim Forest and Dead Man's Peak	Rambeau	Field Ed.	2
Lost Uranium Mine	Bammon	Benefic	3.0
Mystery of the Lost Letter	Orten	Lippincott	3.2
Mystery of the Midnight Visitor	Rambeau	Harr Wagner	3.2
Mystery of the Jeweled Bell	Bammon	Benefic	3.4
Mystery of the Musical Ghost	Rambeau	Harr Wagner	3.5
Mystery of the Missing Marlin	Rambeau	Harr Wagner	3.5
Firehouse Mystery	Adrian	Houghton	3.6
Buried Gold	Eisner	Penns Valley	3.6
Mystery Ranch	Warner	Whitman	3.7
Mystery of the Marauders	Gold-Rambeau	Harr Wagner	3.9
Silver Stallion	Martin	Holt	3.9
Mystery of Edison Brown	Montgomery	Scott Foresman	3
Mystery of Broken Wheel Ranch	Eisner	Follett	3
Blue Bay Mystery	Warner	Scott Foresman	3
Mike's Mystery	Warner	Scott Foresman	3
The Yellow House Mystery	Warner	Scott Foresman	3
The Tugboat Mystery	Adrian	Houghton Mifflin	3-4
The Firehouse Mystery	Adrian	Houghton Mifflin	3-4
Mystery in The Pirate Oak	Orton	Lippincott	3-4
Mystery Up The Winding Stair	Orton	Lippincott	3-4
Mystery Up The Chimney	Orton	Lippincott	3-4
Mystery of The Lost Letter	Orton	Lippincott	3-4
Mystery of The Secret Drawer	Orton	Lippincott	3-4
Mystery of The Old Place	Orton	Lippincott	3-4
Mystery At The Little Red Schoolhouse	Orton	Lippincott	3-4
Secret of The Rosewood Box	Orton	Lippincott	3-4
Martin Mooney's Minute Mysterys	Monson	Educators Pub.	4
Sherlock Holmes		Webster	4
Ghost Rock Mystery	Jane	Scholastic	4
Blue Bay Mystery	Warner	Scott Foresman	4
The Skin Diving Mystery	Adrian	Hastings	4
Encyclopedia Brown	Sobol	Scholastic	4
Adventure at Black Rock Cove	Lauber	Random	4.0
Mystery in the Pirate Oak	Orton	Lippincott	4.2
Mystery of the Missing Stamps	Clark	Funk	4.3
BIXXY and the Secret Message	Slobodkin	Macmillan	4.5
Adirondach Mountain Mystery	Clark	Funk	4.5
Mystery of the Burial Ground	Bammon	Benefic	4.5
Loon Lake Mystery	Thompson	Criterion	4.6
The Secret of Lonesome Valley	Hefferman et.al.	Harr Wagner	4.7

MYSTERY

TITLE	AUTHOR	PUBLISHER	READING LEVEL
The Lighthouse Mystery	Warner	Scott	4.8
The Mystery of Hidden Harbor	Doherty	Doubleday	4.8
Secret of the Old Salem Desk		Farror	4.9
Danger Below	Coleman	Harr Wagner	4.9
Famous Mysteries		Scott Foresman	5
Deadline At Spoon Cabin	Miller	Scholastic	5
Black Spaniel Mystery	Cavanna	Scholastic	5
The Mystery of the Myrmidon's Journey	Rambeau	Harr Wagner	5.0
Mountain Top Mystery	Warner	Whitman	5.0
Mystery of the Spanish Cove	Household	Scholastic	5.0
The Baffling Blue-Jays	Anderson	Abelord	5.0
Hellicopter Mystery	Eiting	Harvey	5.0
Mystery of Long Cliff Inn	Bammon	Benefic	5.1
Great Mystery Stories	Edwards	Hart	5.1
Spy on Danger Island	Walden	Westminster	5.2
The Mystery of Monkey Run	Margin	Little	5.2
Teh Jade Jaguar Mystery	Fuller	Abingdon	5.3
Mystery of the Wooden Indian	Sonness	Lippincott	5.3
Mystery of the Mountain	Jane	Lippincott	5.5
Mystery of Eel Island	Bowen	Lippincott	5.7
Rendezuous in Singapore	Cheney	Knopf	5.7
Leete's Island Adventure	Broderick	Prentice	5.8
The Mystery of the Disappearing Cars	Cheney	Knopf	5.8
The Ghost of Dogger Boy	Buchanan	Abelord	5.8
The Mystery of the Green Cat	Whetney	Westminster	5.9
Dark Island Mystery	Barnett	Oxford	5-6
Mystery of The Missing Wallet	Barnett	Oxford	5-6
The Yellow Cat Mystery	Queen	Little	5-6
The Brown Fox Mystery	Queen	Little	5-6
The White Elephant Mystery	Queen	Little	5-6
Mystery of The Haunted Cliff	Retan	Aladdin	5-6
Mystery of Five Bright Keys	Urmston	Doubleday	5-6
Mystery of The Old Barn	Urmston	Doubleday	5-6
The Twilight Zone	Serling	Grosset	6
Ghost Town Adventure	Montgomery	Scholastic	6
In Place of Katia	Kay	Scribner	6.0
Triple Test for Trudy	Chandler	Abelord	6.0
Haunted Hut	Bonner	Knopf	6.0
Mystery of the Haunted Cliff	Retan	Dutton	6.0
Alfred Hitchcock's Haunted Housefull	Hitchcock	Random	6.1
Tinkers Castle	Mantle	Holt	6.1
Mystery of the Hidden Hand	Whitney	Westminster	6.1
Dugout Mystery	Bonner	Knopf	6.1
Green Ginger Jar	Judson	Houghton	6.2
The Ark of Venus	Clason	Knopf	6.2
The Ski-Lodge Mystery	Atwater	Random	6.3
Alfred Hitchcock and the Three Investigators in the Mystery of the Green Cove	Arthur	Random	6.4
Ghosts Go Haunting	Alger	Holt	6.5

MYSTERY

TITLE	AUTHOR	PUBLISHER	READING LEVEL
Hidden Village Mystery	Bonner	Knopf	6.6
Exploring the Himalaya	Douglas	Random	6.8
Secret of Skeleton Island	Campbell	Grosset	7
The Boy's Sherlock Holmes	Doyle	Harper	7.0
The Sapphire Pendant	Beyer	Knopf	7.0
Crime Scientists	McGrady	Lippincott	7.0
Crime Laboratory's Science	Loth	Messner	7.1
The Mystery of the False Fir Fingertips	Holding	Harper	7.2
Davy Jones Haunted Locker	Arthur	Random	7.4
The Ship Without a Crew	Pease	Doubleday	7.4
Alfred Hitchcock's Solve Them Yourself Mysteries	Arthur	Random	7.5
Alfred Hitchcock's Monster Museum	Hitchcock	Random	7.6
Secret Cargo	Pease	Doubleday	7.6
The Jinx Ship	Pease	Doubleday	7.6
Skyroad to Mystery	Knight	Knopf	7.8
The Hound of the Baskervilles	Doyle	Random	7.9
A Mystery of the Golden Horn	Whitney		7.9
To Catch a Spy		Westminster	8.0
Alfred Hitchcock's Sinister Spies		Random	8.3
Guns in the Heather	Amerman	Harcourt	8.5
Mysterious Island	Verne	Scribner	8.9

ADVENTURE STORIES

Cowboy Sam Series, by Edna Walker Chander - Benefic Press. These exciting western-life adventures offer three levels of difficulty for each reading level. In each book, a section lists the reading skills covered.

TITLE	READING LEVEL	INTEREST LEVEL
Cowboy Sam and Big Bill	pp	pp-2
Cowboy Sam and Freckles	pp	pp-2
Cowboy Sam and Dandy	pp	pp-2
Cowboy Sam and Miss Lily	p	p-3
Cowboy Sam and Porky	p	p-3
Cowboy Sam	p	p-3
Cowboy Sam and Flop	1	1-4
Cowboy Sam and Shorty	1	1-4
Cowboy Sam and Freddy	1	1-4
Cowboy Sam and Sally	2	2-5
Cowboy Sam and the Fair	2	2-5
Cowboy Sam and the Rodeo	2	2-5
Cowboy Sam and the Airplane	3	3-6
Cowboy Sam and the Indians	3	3-6
Cowboy Sam and the Rustlers	3	3-6
Teacher's Manual for Series		

Button Family Adventure Series, by Edith McCall - Benefic Press. This series offers enjoyable reading about a blue-collar family and the variety of situations they become involved in.

TITLE	READING LEVEL	INTEREST LEVEL
The Buttons at the Zoo	pp	pp-2
The Buttons See Things That Go	pp	pp-2
Bucky Button	pp	pp-2
The Buttons and the Whirlybird	p	p-2
The Buttons and the Pet Parade	p	p-2
The Buttons Take A Boat Ride	p	p-2
The Buttons and Mr. Pete	1	1-3
The Buttons at the Farm	1	1-3
The Buttons and the Boy Scouts	2	2-4
The Buttons Go Camping	2	2-4
The Buttons and the Little League	3	3-5
The Buttons and the Soap Box Derby	3	3-5
Teacher's Manual for Series		

Sailor Jack Series, by Selma Wassermann - Benefic Press. Each of these books is about ar adventure on an atomic submarine; all stress thinking skills.

TITLE	READING LEVEL	INTEREST LEVEL
Sailor Jack and Homer Pots	pp	pp-2
Sailor Jack and Eddy	pp	pp-2
Sailor Jack	pp	pp-2
Sailor Jack and Bluebell's Dive	p	p-3
Sailor Jack and Bluebell	p	p-3
Sailor Jack and the Jet Plane	p	p-3

Sailor Jack and the Ball Game	1	1-4
Sailor Jack's New Friend	1	1-4
Sailor Jack and the Target Ship	2	2-5
Sailor Jack Goes North	3	3-6
Teacher's Manual for Series		

Dan Frontier Series, by William J. Hurley - Benefic Press. These adventure stories are about early frontier life in the Midwest. Dan, the main character, is a heroic frontiersman - not unlike Daniel Boone.

TITLE	READING LEVEL	INTEREST LEVEL
Dan Frontier	pp	pp-2
Dan Frontier and the New House	pp	pp-2
Dan Frontier and the Big Cat	p	p-3
Dan Frontier Goes Hunting	p	p-3
Dan Frontier, Trapper	1	1-4
Dan Frontier With the Indians	1	1-4
Dan Frontier and the Wagon Train	2	2-5
Dan Frontier Scouts With the Army	2	2-5
Dan Frontier, Sheriff	3	3-6
Dan Frontier Goes Exploring	3	3-6
Dan Frontier Goes to Congress	4	4-7
Teacher's Manual for Series		

Space Age Books, by Hazel W. Corson - Benefic Press. Peter, the son of a space scientist takes the reader on many adventures in space travel and exploration.

TITLE	READING LEVEL	INTEREST LEVEL
Peter and the Rocket Fishing Trip	1	1-4
Peter and the Rocket Sitter	1	1-4
Peter and the Rocket Team	2	2-5
Peter and the Unlucky Rocket	2	2-5
Peter and the Big Balloon	2	2-5
Peter and the Rocket Ship	3	3-6
Peter and the Two-Hour Moon	3	3-6
Peter and the Moon Trip	3	3-6

Tom Logan Series, by Edna Walker Chandler - Benefic Press. Even slower readers are successful with the carefully controlled vocabulary in these stories about the Old West.

TITLE	READING LEVEL	INTEREST LEVEL
Pony Rider	pp	pp-2
Talking Wire	pp	pp-2
Track Boss	p	p-3
Cattle Drive	p	p-3
Secret Tunnel	1	1-4
Gold Train	1	1-4
Gold Nugget	2	2-5
Cattle Cars	2	2-5
Stage Coach Driver	3	3-6
Circus Train	3	3-6

Butternut Bill Series, by Edith McCall - Benefic Press. These high-interest, low difficulty readers are about a boy named Butternut Bill and his life in the Ozark Mountain region.

TITLE	READING LEVEL	INTEREST LEVEL
Butternut Bill	pp	pp-2
Butternut Bill and the Bee Tree	pp	pp-2
Butternut Bill and the Big Catfish	pp	pp-2
Butternut Bill and the Bear	p	p-3
Butternut Bill and the Little River	p	p-3
Butternut Bill and the Big Pumpkin	p	p-3
Butternut Bill and His Friends	1	1-3
Butternut Bill and the Train	1	1-4

The Jim Forest Readers, Rambeau, Rambeau, and Gullett - Field Educational Publications, Inc This is an action-filled series about the life in a forest preserve; Plenty of suspense, humor, and sound conservation concepts.

TITLE	READING LEVEL	INTEREST LEVEL
Jim Forest and Ranger Don	1.7	1-7
Jim Forest and The Trapper	1.7	1-7
Jim Forest and The Ghost Town	1.8	1-7
Jim Forest and The Bandits	1.9	1-7
Jim Forest and Lightning	1.9	1-7
Jim Forest and Phantom Crater	2.0	1-7
Jim Forest and The Mystery Hunter	2.2	1-7
Jim Forest and The Plane Crash	2.4	1-7
Jim Forest and Dead Man's Peak	2.6	1-7
Jim Forest and The Flood	2.8	1-7
Jim Forest and Lone Wolf Gulch	3.1	1-7
Jim Forest and Woodman's Ridge	3.2	1-7
Teacher's Manual for Series		

The Deep-Sea Adventure Series, by Coleman, Berres, Hewett & Briscoe - Field Educational Publications, Inc. These twelve exciting novels for new readers are based on deep-sea adventures, such as: pearl diving, captured sharks and whales, a submarine rescue, frogmen, and smugglers.

TITLE	READING LEVEL	INTEREST LEVEL
The Sea Hunt	1.8	3-11
Storm Island	1.8	3-11
Treasure Under the Sea	2.1	3-11
Sea Gold	2.2	3-11
Submarine Rescue	2.4	3-11
Enemy Agents	2.5	3-11
Castaways	2.6	3-11
The Pearl Divers	2.8	3-11
Frogmen in Action	3.1	3-11
Danger Below	4.4	3-11
Whale Hunt	4.7	3-11
Rocket Divers	5.0	3-11
Teacher's Manual for Series		

ADVENTURE STORIES

TITLE	AUTHOR	PUBLISHER	READING LEVEL
Finders Keepers	Will	Harcourt Brace	1.0
Little Jonathon	Mason	Macmillan	1.0
The Bike Lesson	Berenstein	Random House	1.5
Maple Sugar Time	Pitkin	Day	1.6
Cowboy Andy	Chandler	Random House	1.7
The Big Honey Hunt	Berenstein	Random House	1.9
Country Fireman	Beim	Morrow	1-2
The Man Who Lost His Head	Bishop	Viking	1-2
Henry-Fisherman	Brown	Scribner	1-2
The Little Fisherman	Brown	Scott	1-2
Andy and the Lion	Daugherty	Viking	1-2
Sleepy to the Rescue	McReynolds & Davenport	Viking	1-2
The Black Sombrero	Ward	Ariel	1-2
The Moonstone		Fearon	2
Robinson Crusoe		Fearon	2
Men Who Dare The Sea		Reader's Digest	2
I Was Kissed By A Seal at the Zoo	Palmer	Random	2.0
On the Farm	Dolch	Garrard	2.0
Why I Built the Boogle House	Palmer	Random	2.1
Look Out For Pirates	Vinton	Random	2.1
What Jim Knew	Hoberman	Little	2.3
Do You Know What I'm Going to do Next Saturday	Palmer	Random	2.5
Jeepers, There's A Jet	Shaw	Whitman	2.5
About Sheep on a Ranch	Israel	Melmont	2.6
Hugh Lofting's Travels of Dr. Doolittle	Perkins	Random	2.8
Meet the Pilgrim Fathers	Payne	Random	2.9
Courage of Sara Noble	Dagliesh	Scribner	2.9
The Call of the Wild (Revised Classic)	London	Webster	3
First Men in Space	Clark	Follett	3
On Jungle Trails	Buck	Webster	3
Surprise Island	Warner	Scott Foresman	3
The Flying Trunk	Anderson	Scott Foresman	3
Hidden Silver	Faulkner	Scott Foresman	3
Fire On The Mountain		Benefic	3
First Adventure At Sea	Rifkin	Follett	3
Robert E. Peary: North Pole Conqueror	Berry	Garrard	3
Explorers in a New World	McCall	Children's	3.0
Betsy and the Circus	Haywood	Morrow	3.5
The Boxcar Children	Warner	Scott	3.5
Snowbound With Betsy	Haywood	Morrow	3.5
Tim and Ginger	Ardizzone	Walck	3.5
Secret	Coatsworth	Macmillan	3.5
Woody's Big Trouble	Martin	Putnam	3.5
The Arctic Tundra	Goltz	Morrow	3.5
Red Balloon	Lamorisse	Doubleday	3.5
Light Across Piney Valley	Watts	Abelard	3.5
Secret Valley	Bulla	Crowell	3.6
Where the Wild Apples Grow	Hawkinson	Whitman	3.6

ADVENTURE STORIES

TITLE	AUTHOR	PUBLISHER	READING LEVEL
Robinson Crusoe Stories	Dolch	Garrard	3.7
Little Red Drum	Smith	Whitman	3.8
The Sword in the Tree	Bulla	Children's Press	3.8
Buried Gold	Eisner	Follett	3.8
Shawnee and the Gander	Bennett	Doubleday	3.9
Where in the World Do You Live	Hine	Harcourt	3.9
Elisabeth, the Treasure Hunter	Holman	Macmillan	3.9
Hailstones and Halibut Bones, Adventure in Color	O'Neill	Doubleday	3.9
Hurricane Luck	Carmer	Aladdin	3-4
The Pennywinds	Clark	Bobbs Merrill	3-4
Fujio	Creekmore	Macmillan	3-4
Little Fu	Creekmore	Macmillan	3-4
Lokoshi	Creekmore	Macmillan	3-4
Pocahontas	D'Aulaire	Doubleday	3-4
Cattail House	Erickson	Children's Press	3-4
Log Cabin Family	Horn	Scribner	3-4
Whitey and the Blizzard	Rounds	Holiday	3-4
Whitey and the Rustlers	Rounds	Holiday	3-4
Way Down Cellar	Stong	Dodd	3-4
High Water	Stong	Dodd	3-4
Dick and the Corral Boat	Tousey	Doubleday	3-4
Jack Finds Gold	Tousey	Doubleday	3-4
Val Rides The Oregon Trail	Tousey	Doubleday	3-4
Treasure Island	Stevenson	Scott Foresman	4
Landslide	Day	Dell	4
Adventure On Old Stoney Mountain	Griffith	American Book Co.	4
Guides To High Adventure		Reader's Digest	4
Sea Treasure	Manus	Signal	4
North Pole	Siman	Signal	4
Blue Ridge Billy	Lenski	Dell	4
Double Trouble for Rupert	Parkinson	Scholastic	4
Prairie School	Lenski	Dell	4
Professor and the Vanishing Flags	Van Gelder	Harvey	4.0
Downright Dencey	Snedeker	Doubleday	4.1
Little Toot	Gramalky	Dutton	4.1
Betsy's Little Star	Haywood	Morrow	4.2
Year of the Bloody Sevens	Wright	Abelard	4.2
Strawberry Girl	Lenski	Lippincott	4.3
Betsy-Tacy and Tib	Lovelace	Crowell	4.4
City Beneath the Sea	Barman	Benefic	4.4
Angel on Skis	Cavanna	Morrow	4.5
Annie Pat and Eddie	Haywood	Morrow	4.5
A Summer to Remember	Finlayson	Doubleday	4.6
The Moon of the Alligators	George	Crowell	4.6
Danger Below	Coleman	Harrwagner	4.6
Copperfield Summer	Potter	Follett	4.6
Cousins at Camm Corners	Simon	Little	4.7
Ride Out the Storm	Bell	Morrow	4.7
Sea Treasure	Manus	Doubleday	4.7
Count Me Gone	Johnson	Simon	4.7
Number Eleven Poplar Street	Wright	Abingdon	4.8

ADVENTURE STORIES

TITLE	AUTHOR	PUBLISHER	READING LEVEL
Surprise at Sampey Place	Wright	Abingdon	4.8
Little House on the Prairie	Wilder	Harper	4.8
Danny Dunn on a Desert Island	Williams	Whittlesay	4.9
Bruno, King of the Mountain	Baudoy	Harcourt	4.9
Brave Jimmy Stone	Arnold	Knopf	4.9
Copperfield Summer	Potter	Follett	4.9
Johnny Texas	Hoff	Follett	4.9
Blue Willow	Gates	Viking	4.9
Adventure Fishing	Barman	Benefic	4.9
Ride Out the Storm	Bell	Whittlesay	4.9
Danny Dunn - Time Traveler	Williams	McGraw	4.9
Cape Cod Adventure	Hays	Coward	4.9
Little Men	Alcott	Grosset	4.9
Trouble After School	Beim	Scholastic	5
Boy Who Stole the Elephant	Kohler	Scholastic	5
Wild Adventure	Johnson	Follett	5
Tornado Jones	Dick	Follett	5
Follow My Leader	Garfield	Scholastic	5
The Wonderful Year	Barnes	Messner	5-6
Hurry Back	Beim	Harcourt Brace	5-6
The Mysterious Caboose	Bonner	Knopf	5-6
Lodestar: Rocket Ship To Mars	Branlem	Crowell	5-6
Bartlett's of Box B Ranch	Campbell	Whittlesey	5-6
The House of The Swan	Coatsworth	Macmillan	5-6
Matchlock Gun	Edmonds	Dodd	5-6
Cowboy Boots	Garst	Abingdon	5-6
Silver Spurs for Cowboy Boots	Garst	Abingdon	5-6
Rusty At Ram's Horn Ranch	Garst	Abingdon	5-6
Misty of Chincoteague	Henry	Rand McNally	5-6
Sea Star: Orphan of Chincoteague	Henry	Rand McNally	5-6
Sea Room	Marten	Harper & Row	5-6
The First Year	Meadowcroft	Crowell	5-6
By Wagon and Flatboat	Meadowcroft	Crowell	5-6
Silver for General Washington	Meadowcroft	Crowell	5-6
Call It Courage	Sperry	Macmillan	5-6
More Than A Summer Love	Eyerly	Lippincott	5.0
Witch of Blackbird Pond	Speare	Houghton	5.0
Fog Island	Folk	Follett	5.1
Spy Called Michelle	Walden	Westminster	5.1
Goodbye, My Shadow	Stolz	Harper	5.1
Spy on Danger Island	Walden	Westminster	5.2
Doctor Angers Island	Buchanan	Abelard	5.2
Great Tales of Escape	Fowler	Hart	5.2
Adventures of Johnny Chuck	Burgess	Grosset	5.2
Pinocchio	Collode	World	5.2
First Book of Florida	Blassingone	Watts	5.3
Adventures of Tom Sawyer	Twain	World	5.4
Where is My Heart	Walden	Westminster	5.5
From the Mixed Up Files of Mrs. Basil E. Frankweiler	Ardizonne	Walck	5.5
Treasure of Green Knowe	Boston	Harcourt	5.5
Tim to the Rescue	Konegsburg	Athaneum	5.5
Bolo Battalion	Shirreffs	Westminster	5.5

ADVENTURE STORIES

TITLE	AUTHOR	PUBLISHER	READING LEVEL
Lingonberries in the Snow	Jousten	Follett	5.5
Men Against the Sea	Nofehoff	Little	5.5
Hidden Ruin	Folsom	Harvey	5.5
Dream to Touch	Emery	Macrae	5.6
Copperfield Summer	Potter	Follett	5.6
That Archer Girl	Emery	Westminster	5.7
Miss Pickerell on the Moon	Macgregor	McGraw	5.9
Lone Hunt	Steele	Harcourt	5.9
20,000 Leagues Under The Sea	Verne	Scott Foresman	6
Model "A" Mule	Willis	Follett	6
The Brave and The Free	Hitte	American Book Co.	6
Moose Island	Kluge	Steck	6
Adventure Lands		Merrill	6
A Call To Adventure		Lyons	6
Escape From Moscow	Gregoire	American	6
Lord of Thunder	Norton	Harcourt	6.0
Wild Venture	Johnson	Follett	6.0
Remarkable Ride of the Abernathy Boys	Jackson	Walck	6.0
Warrior Scarlet	Sutcliff	Walck	6.1
Great Tales of Mystery & Adventure	Stevenson	Platt	6.1
Florida	Carpenter	Children's Press	6.1
Florida	Bailey	Whitman	6.2
This is Cape Kennedy	Boston	Harcourt	6.2
Showboat	Ferber	Grosset	6.4
Penrod	Tarkington	Grosset	6.5
Moby Dick	Melville	Globe	6-7
The Epics of Everest	Wibberly	Dell	7
Patrol To The Kimberleys	Lane	Prentice-Hall	7
God's River Country	Penier	Prentice-Hall	7
Pioneers West	Ward	Dell	7
Blaze Battlers	Sterling	Prentice-Hall	7
Jules Verne	Becker	Putnam	7.0
Mark Twain: Adventure of Tom Sawyer and The Adventure of Huckleberry Finn	Twain	Platt	7.0
Trappers and Mountain Men	Jones	American Heritage	7.0
Brothers Karamazoo	Dostoyevsky	Grosset	7.1
Men Against the Sea	Nordhoff	Little	7.2
Babbitt	Lewis	Harcourt	7.2
Signpost to Switzerland	Allan	Criterion	7.6
White Water, Still Water	Bosworth	Doubleday	7.8
North by Night	Burchard	Coward	7.8
Smoke Jumper	Allee	Houghton Mifflin	8
Jungle Tales of Tarzan	Burroughs	Grosset	8
Brave Journey	Mundy	Prentice-Hall	8
Shane	Schaefer	Houghton Mifflin	8
Tiger Room	Balch	Pocket Books	8
Book of Sherlock Holmes	Doyle	World	8.0
Showboat	Ferber	Grosset	8.2
Reap the Wild Water	Leslie	Dutton	8.6
River Rising	Skidmore	Doubleday	8.7
Ballad of Calamity Creek	Friermood	Doubleday	8.9

APPENDIX B

MATH MATERIALS

Mathematics materials may be described as "old math" or "new math" and most educators would know what was meant. The major differences between the two approaches can be briefly summed as follows:

"New Math"	"Old Math"
Horizontal Format	Vertical Format
Conceptual	Rote
Abstract	Concrete
Logic Statements	Computational Drill

The level of abstraction and the amount of drill in a mathematics program are critical elements in determining which type of math material to recommend. Other factors to be considered are the number and clarity of illustrations, the amount of drill on one type of problem before presenting another, the consistency of the page format and problem format, the clarity of the examples, the amount of reading the child must perform before working the problem, and the difficulty of the vocabulary.

Because most of the math materials adopted by the Oregon State Textbook Commission are "new math," we have included descriptions of the materials. These annotations are designed to point out the features which may be relevant to selecting a math series for a child with a particular learning problem.

Modern School Mathematics: Structure and Use
by: Duncan - Houghton-Mifflin Co., c1970

Grade k - Book Primer

Grade 1 - Book 1

Grade 2 - Book 2

Grade 3 - Book 3

Grade 4 - Book 4

Grade 5 - Book 5

Grade 6 - Book 6

Grade 7 - Course 1

Grade 8 - Course 2

This series has a wealth of optional materials available to supplement the basic texts. The options that are exceptional include readiness level books three to six, programmed practice materials levels three to eight, diagnostic tests levels one to eight and overhead visuals, levels one to eight. An interesting feature of this series is the consultant service offered by the company free of charge.

The author has done a good job of format. The print is large in the early levels and color is used to emphasize and draw attention to the task. However, as the books progress, the print becomes difficult and by book six, the page is filled to the edge. This may cause problems for some children as the reading task interferes with the math task.

The sequence and scope of skills is adequate except for the emphasis on early problem solving. The teacher may wish to leave those problems until later.

Elementary School Mathematics 2nd ed.

by: Eicholz et al - Addison-Wesley Publ. Co., c.1971

Grade	Book
K	Primer
1	1
2	2
3	3
4	4
5	5
6	6
7	(School Mathematics 1)
8	(School Mathematics 2)

Assessment-Rational

This series has several significant factors which makes it an excellent book for classroom or individual prescriptive use. The format is clear and usually uncluttered. However, the teacher may wish to delete some pages in which the presentation of two or more types of problems are presented (for example, Book 1 page 128, 184). These pages are difficult for children who cannot change their thoughts to several different tasks.

The publishers have a number of optional purchases available. The primer level book has a big-book for group instruction. Duplicator masters are available along with achievement tests that are used at intervals in the book.

The sequence of skills is adequate and opportunity is given for reinforcement of skills - especially if the duplicated materials are used. The instructional vocabulary is simple and keeps the math task from becoming a reading task.

Caution should be used with this book on the early grades for one particular concept. The first book emphasis equations with missing addends (ex. 5 + __ =7). Many primary children have not developed the ability to do problem solving of this nature and may experience unnecessary frustration.

Modern Mathematics Through Discovery

by: Morton et al - Silver Burdett Company, c.1970

Grades	Books
1-8	1-8

This series has made an attempt to incorporate sound learning theory in a program for children. They recognize that learning a concept is, for many learners, a process of repetition and reinforcement of lower level skills. In their books concepts are introduced and repeated in a spiral development of sequential steps. The format places pages dealing with the same concept back to back. At the end of each "learning stage" pages or extra practice are provided followed by enrichment pages.

Optional purchases are included as workbooks level three to eight and tests level three to eight.

The sequence of skills and reinforcement of skills makes this a useable series for small group or prescriptive use. However, a word of caution should be given concerning the instructional vocabulary. The teacher may need to simplify the reading task for some children after the first few levels. Also, the authors do emphasize higher level problem solving at a primary level. The teacher may wish to delete those pages until later.

Essential Modern Mathematics Series

by: Glennon et al - Ginn and Company, c.1970

(Low level)

Grade 3 - Book A
Grade 4 - Book B
Grade 5 - Book C
Grade 6 - Book D

This series has done a good job of adapting mathematics books for low achieving children. Among the features in these books that make it a fine program are the following:

a low reading level

recognition of levels of learning that progresses from concrete to pictorial and finally to abstract

the authors recognize learning characteristics of low achievers such as the low tolerance for ambiguity or the feeling of frustration that occurs when pages of solid printed materials appear.

In the actual book each lesson is two pages long. It is designed for about 180 lessons, one lesson per school day. Each chapter has two teaching units. Each unit is described as self-contained (to keep topics not related to the unit from frustrating the children).

Desirable optional purchases would be practice pages and transparencies. In reality, these items are necessary to the program.

In order to reinforce skills previously taught "maintenance" exercises are included in each chapter.

Exploring Elementary Mathematics

by: Keedy et al - Holt, Rinehart and Winston, Inc. c.1970

Grade K - Book Primer

Grade 1 - Book 1

Grade 2 - Book 2

Grade 3 - Book 3

Grade 4 - Book 4

Grade 5 - Book 5

Grade 6 - Book 6

Grade 7 - Book 1

Grade 8 - Book 2

The publishers give a good scope and dequence chart in the teacher's editions. The teacher's edition is an excellent resource for instructional aids, addresses of sources of mathematics materials, bibliographies for both teachers and children, filmstrips, bulletin board suggestions (grades 7-8) and suggestions on how to adapt the book to low-achievers and high-achievers.

Optional purchases include workbooks for levels 1-8, test levels three to eight, duplicating masters levels 1 and 2, manipulative math blocks levels K-4, and transparencies, levels 3-8.

This series has a tendency to "clutter" the page with elaborate illustrations that might appear confusing to some children. The early levels place a great deal of emphasis on problem-solving skills and younger children may not have the pre-requisite skills neces ary to handle this task. However, this could be a challenge to above average children.

At some levels the teacher may need to supplement the test. Repetitions and reinforcements of skills may be necessary for some children. It can also be noted that the math task quickly becomes a reading task after the first two books.

University of Illinois Committee on School Mathematics Program

by: Braunfeld et al - Harper and Row, Publishers, Inc., c. 1969

(Low Level)

Grade	Book
7	Stretchers and Shrinkers book 1,2,3,4
8	Motion Geometry book 1,2,3,4

Mathematics: Concepts, Applications

by: Van Engen et al - Scott, Foresman and Company, c. 1969

Grade	Book
7	First Course
8	Second Course

Sets and Numbers Series

by: Suppes et al - Random House
Singer School Division

Revised Edition

Grades	Book
K	K
1	1
2	2
3	3
4	4
5	5
6	6
7	Book 1
8	Book 2

Macmillian School Mathematics Program: Developing Mathematics

by: Phillips et al - The Macmillian Company

Grade	Book
K	Primer
1	1
2	2
3	3
4	4
5	5
6	6

Essentials of Mathematics: Skills and Concepts

by: Sobil and Maletsky - Ginn and Company, c. 1970

(Low Level)

Grade	Book
7	Book 1
8	Book 2

Individualizing Mathematics

by: Faby et al - Addison Wesley Publishing Company, c.1970

(Low Level)

Grade	Book
7	Skills and Patterns
8	Patterns and Discovery

Mathematics in Action Series

by: Deans et al - American Book Company, c. 1968

(Low Level)

Grade	Book
1	Intro Mathematics
2	New steps in Mathematics
3	Advancing with Mathematics
4	Continuing with Mathematics
5	Thinking with Mathematics
6	Improving with Mathematics
7	Operating with Mathematics
8	New Goals in Mathematics

APPENDIX C

SPELLING

Basic Goals in Spelling by Kottmeyer and Claus
Webster Division - McGraw Hill Book Company

Phonics Approach

Grade 3

Grade 4

Grade 5

Grade 6

Grade 7

Grade 8

Teachers Edition Grades 3-8

Grade 1, Workbook edition

Grade 2 - Workbook edition

Teachers edition - grade 2 workbook

Grade 1-8 Filmstrips

Grade 1 Set 1
Grade 2-8 Sets 2 through 8

Grade 2-6 Webstermasters

Grades 4-6 Conquests in Reading (corrective skill book for spelling and reading.

Teachers Edition

Grades 6-8 Dr. Spello - Remedial Spelling
Teachers Edition

This series is well programmed and has excellent supplementary materials. Due to the wide selection of multi-media, children enjoy this program.

It is a good series for children with no learning disabilities, but the format could be too cluttered and busy for a child with poor figure-ground discrimination.

My Word Book Series by Rogers, et al,
The publisher is Lyons and Carnahan, Inc.

A Language Arts Program
A Whole Word Approach

Grade 2	Book 2 - Manuscript
Grade 2	Book 2 - Manuscript and cursive
Grade 3	Book 3
Grade 4	Book 4
Grade 5	Book 5
Grade 6	Book 6
Grade 7	Spelling 7
Grade 8	Spelling 8

Teachers Edition - Book 2-8
Duplicator Masters

This is an individualized spelling series designed to assist slow learners and rapid learners to succeed in the same class at the same time. There are fewer than 1000 words in the "core" spelling vocabulary. These words are used over and over again in writing.

There are special challange materials to the Vocabulary Building Words or to a Word Bank, that is listed in the back of the manual.

Whole Word Approach

Patterns of Language by H. Thompson Fillmer, et al,
Published by the American Book Company, c1974.

Strand One - The Need For Patterns

Strand Two - Literature

Strand Three - Creative Thinking

Strand Four - Listening

Strand Five - Written and Oral Composition

Strand Six - Modern Grammer

Strand Seven - The History and Nature of Language

Strand Eight - Study Skills

Strand Nine - Usage

Even though this program is called a language program, there is enough emphasis on spelling that makes it suitable for a spelling program and is an excellent example of the type of program that a whole word reader would need.

This program is very attractive and is well laid out. The print is well separated from the illustrations.

It is colorful and neat in design.

Basic Spelling by Theordore E. Glim, et al,
Published by J. B. Lippincott Company

This phonics program is an ungraded spelling series of ten books, A through J for the primary, intermediate and junior high school years. It is a structured program that places strong emphasis on the relation of sound and symbols in our language. The series includes activities that involves the child in listening, speaking, reading, creative writing, dictionary skills and using and understanding language.

Power To Spell by Hanna and Hanna
Published by the Houghton Mifflin Company
A Phonics Program

Grade 1	First Steps
Grade 2	Power To Spell
Grade 3	Book 3
Grade 4	Book 4
Grade 5	Book 5
Grade 6	Book 6
Grade 7	Words in Your Language 1
Grade 8	Words in Your Language II

Teachers edition for each grade
Duplicating Masters for each book

This program teaches the phonetic elements; the long and short vowels, consonents, consonent blends. This basic program is used as a vehicle for teaching the pupils the symbols that are used to stand for sounds he hears in words he writes. In the first 3 books, the students are taught the sounds which are spelled with a high degree of regularity. In the 4th grade book, the following irregularly spelled sounds are taught: the "s" sound spelled c before e,i, or y; the "j" sound spelled g before e, i, or y, and the "z" sound spelled z at the beginning of a word, but more often spelled s in other positions.

This program is designed with a hierarchy of skills progressing from easy to hard. The print is clear and large.

The Reading Road to Spelling Series by O'Donnell et. al.
Published by Harper and Row Publishers, Inc.
A Phonic Word Attack Method

Grade 3	Book 3
Grade 4	Book 4
Grade 5	Book 5
Grade 6	Book 6
Grade 7	Book 7
Grade 8	Book 8

Teachers editions Grade 3 through Grade 8

Books one through three teach the spelling skills of initial and final sounds, blends, silent letters, phonetic parts and vowels. All of the spelling skills taught in Books one through three are retaught or reviewed in Book Four by providing Dictation exercises (dictated sentences, paragraphs and stories.
The format is well designed with good spacing between letters and words.
The instructions are stated clearly.
The illustrations pertain to the words and are large.
This book is recommended for children with good auditory skills.

Spelling Introduction

Spelling and Writing Patterns by Botel et. al.
Follett Educational Corporation
A Linguistic Method of Word Attack Skills

Grade 1 Teachers Edition	Book A
Grade 2 Teachers Edition	Book B
Grade 2	Demonstration Kit B
Grade 3	Book C
Grade 3	Demonstration Kit C
Grade 4	Book D
Grade 5	Book E
Grade 6	Book F
Grade 7	3140 Important Words c.1966
Grade 8	1620 Power Words

Annotated Teachers Editions for Books C to F

Grades 2-6	Multi Level Test Books for Books B-F
Grades 3-6	Pre-Tests and Final Test Masters for liquid duplicators, Books C-F

This is a multi-sensory study program which helps students learn words quickly and to remember them. Students are directed to look for the patterns in each word such as the cluster "en" in pen and men, and the cluster "it" as in hit and sit. The clusters are highlighted with color to aid in the recognition of these word patterns. This is a program designed for children who use a linguistic method of word attack in reading and spelling.

APPENDIX D

Better Handwriting For You by Noble and Noble, Publishers, Inc.

Grade 1 - Book 1, Workbook edition

Grade 1 Book 1 - Nonconsumable edition

Grade 2 Book 2 - Workbook edition

Grade 2 Book 2 - Nonconsumable edition

Grade 3 Book 3 - Workbook edition

Grade 3 Book 3 - Nonconsumable edition

Grade 4 Book 4

Grade 5 Book 5

Grade 6 Book 5

Grade 7 Book 7

Grade 8 Book 8

Teachers editions - Grades one through 8

Grades 1-8 - Reversible Alphabet Wall Charts

Grades 1-2 Illustrated Manuscript Alphabet Wall Charts

Grades 1-3 Teachers Handwriting Kit No. 1

Grades 3-8 Teachers Handwriting Kit No. 2

Grades 3-8 Filmstrip "Improving Your Handwriting"

Grades 4-8 Handwriting Demons Transparencies

The layout of the workbooks for students and for the Teacher's Edition is complete and beautifully done. The manuscript printing is large, the letters are bold and black and well spaced. Alphabetical examples of words for each letter are placed on each page. The six basic handwriting skills are taught and stressed throughout the series: SIZE (height of letters), SLANT (uniform slant - parallel down strokes) SHAPE (width of letters) SPACING (between words) SITTING ON BASE LINE (alignment) and STYLE (neatness). This is a program that would assist a child whose fine motor skills are poor.

GUIDING GROWTH IN HANDWRITING BY Freeman

The Zaner-Bloser Company

Compendiums for Pupils

Grade 1 - Starting to Write

Grade 2 - Writing better each day - Manuscript

Grade 2 - Writing better each day - Transition

Grade 3 - Learning a New Way - Transition

Grade 3 - Learning a New Way - Cursive

Grade 4 - Seeing our Progress

Grade 5 - Improving Our Writing

Grade 6 - Gaining in Skill

Grade 7 - Writing Legibly

Grade 8 - Reaching Our Goal

Recorders for Pupils

Reference Manuals for Teachers

Grades 1-8 Color sequence Perception Strips

Evaluation Scales in Color

Grades 3-8 Handwriting Faults and How To Correct Them

Grade 1-8 Writing on the Board

Grades 1-2 Our Print Letters and How We Make Them

Grades 3-8 - Our ABC's and How We Improve Them

Grades 1-8 - Hand Position Chart

Grades 1-8 - Body Position Charts

Grades K Ready to Go - (Kindergarten)

Guiding Growth in Handwriting by Freeman (Cont.)
The Zaner- Bloser Company

Readiness to Write Crayon No. 5

Large Primary Pencil No. 2

Ball Point Guest Pen

Zabco Primary Mechanical Pencil

Double end Primary Pencil

Large Primary Leads (Red, blue, green, black)

Overhead Projection Leads

The format of the workbook/text with the large print, the directional guies that show where to start forming each letter and the illustrations all tend to make the Zaner-Bloser program one that would be highly suitable for a child with a learning problem.

The vocabulary is at the right grade level, the directions are simple and easy to follow. The words are ones that are frequently used and easy to read. The re are also few words to a page which would allow a child to work more independently. It would also keep him from having to wade through a lot of reading material before starting the handwriting task.

PALMER METHOD BY KING --The A.N. Palmer Company
We Learn and Write Series

Grade 1 Man uscript Writing

Grade 2 Manuscript Writing
G
Grade 2 Manuscript to Cursive Writing

Transition Book - Grade 2

Grade 3 - Cursive Writing - Transition - Grade 3

Grade 4 - Cursive Writing

Grade 5 - Cursive Writing

Grade 6 - Cursive Writing

Teachers Editions

A wide variety of factual information is included along with teaching the specific handwriting skills, such as geography, numerals and their names, science, safety and social studies. There are good objectives designed and an e-aluation for each objective is included.

This program would be difficult for a child who has visual problems as the print used in giving directions is extremely small. In some instances, the vocabulary is too difficult for the grade level.

There is a good repetition and review of each skill and great care is given to proper directional instructions for each stroke of a letter and for rules necessary for good handwriting.

"Appendix E'

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"Appendix F"

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This year the association will be sponsoring several regional book fairs. We hope to provide your staffs with an appropriate time and place to view new materials. Below are the tentative dates and places of these book fairs. You will be receiving more information about these as the time draws closer.

Feb. 24	Salem area
Feb. 25	Portland-West
Feb. 26	Eugene area
Feb. 27	Medford area
Mar. 4	Portland-East

The Oregon Textbook Representative's Association is committed to the highest standards of ethical conduct. In a very sincere sense we consider ourselves your partners in the job of improving education. We are always open to suggestions and constructive criticism because we earnestly wish to merit the continued confidence of those we serve.

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